## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 24, 2008 08:00 A Secretary of State DOCUMENT # M99651 1. Entity Name BJCE, INC. Mailing Address Principal Place of Business 1300 PARK OF COMMERCE, SUITE 272 2200 HIGHLAND AVE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 02292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0102581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent **DUBIN, JEANNE C** DO NOT WRITE 1300 PARK OF COMMERCE IN THIS SPACE **STE 272** DELRAY BEACH, FL 33445 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. registered agent. the obligations anne SIGNATURE nted name of registered agent and title # applicable (NOTE: Registered Agent signature regulred when reinstating) 000000886738 9. Election Campaign Financing \$5.00 May Be 04/08/08-80042-003 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DVT NAME DUBIN, JEANNE C. 1300 PARK OF COMMERCE, SUITE 272 STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #

Date