

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90008 017 \*\*\*150.00

DOCUMENT # P00000057763

1. Entity Name

CJ INTERIORS, INC.



Principal Place of Business

1021 NORTHEAST 45TH STREET  
OAKLAND PARK FL 33334

Mailing Address

1021 NORTHEAST 45TH STREET  
OAKLAND PARK FL 33334

34033634

2. Principal Place of Business

4463 N. DIXIE HWY.

Suite, Apt. #, etc.

3. Mailing Address

4463 N. DIXIE HWY

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL.

4. FEI Number

65-1026379

Applied For

Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEPINTO, CAROL  
1021 NORTHEAST 45TH STREET  
OAKLAND PARK FL 33334

7. Name and Address of ~~the~~ Registered Agent

Name

DE PINTO CAROL

Street Address (P.O. Box Number is Not Acceptable)

4463 N. DIXIE HWY.

City

OAKLAND PARK

FL

Zip Code

33334

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DEPINTO, CAROL  
STREET ADDRESS 1021 NORTHEAST 45TH STREET  
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ADDRESS ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4463 N. DIXIE HWY  
CITY-ST-ZIP OAKLAND PARK, FL. 33334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL DE PINTO

Date

Daytime Phone #

954-489-9789