

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90077 047 ***158.75

DOCUMENT # P0000092441	
1. Entity Name OCJ, INC.	

Principal Place of Business 29 SOUTHEAST 5TH STREET BOCA RATON, FL 33432	Mailing Address 29 SOUTHEAST 5TH STREET BOCA RATON, FL 33432
--	--

40029778



DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1059246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATTEIS & CHRISTOPHER PA
 29 SE 5TH STREET
 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MATTEIS, JOHN J 29 SOUTHEAST 5TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCGOVERN, KEVIN 29 SE 5TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *John J. Matteis V.P.* 3-7-06 561-241-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #