

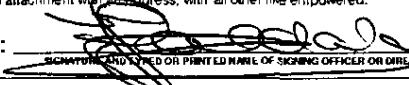


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000047140</b> 1. Entity Name <b>C &amp; J GENERAL SERVICES, INC.</b>					
Principal Place of Business 22133 ASLATIC ST BOCA RATON, FL 33428 US		Mailing Address 22133 ASLATIC ST BOCA RATON, FL 33428 US			
2. Principal Place of Business <b>SAME</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State		City & State		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Zip		Country		4. FEI Number <b>34-3396861</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BRASILEIRO, DESPACHANTE 3361 N FEDERAL HWY POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name <b>JOSE ABDALA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9940 Spanish Isle Dr</b> City <b>BOCA RATON</b> FL <b>33406</b>		
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: <b>09/10/03</b>					
PRE-PAYMENT: \$150.00 (For May 1-2003 Fee) \$150.00 (For May 1-2003 Fee) \$150.00 (For May 1-2003 Fee) \$150.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABDALA, JOSE JACOB 22133 ASLATIC ST BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YP NASCIMENTO, CLAUDIO R 22133 ASLATIC ST BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE: <b>09/10/03</b> Phone: <b>786-402-6106</b>		

CR2E034 (10/02)

Attachment

80148267  
#P01000047140

22139 ASLATIC STREET  
BOCA RATON, FL 33428

**RE: C & J GENERAL SERVICES, INC.**

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I NEVER RECEIVED THE ANNUAL  
~~REPORT PAPER IN MY HOUSE. I AM STILL KIND OF NEW WITH THE~~  
PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE  
FIRST PEOPLE TO FILE THE ANNUAL REPORT.

SINCERELY,

  
JOSE JACOB ABDALA  
PRESIDENT