


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90028 019 ***150.00

DOCUMENT # P01000060883

1. Entity Name
BOJ CORPORATION



Principal Place of Business Mailing Address

**4002 ORIENT RD
TAMPA, FL 33610** **136 BROADWAY, STE 1
WOODCLIFF LAKE, NJ 07677**

44049282



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3739598 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JALLO, MARY
1942 LAGO VISTA BLVD
PALM HARBOR, FL 34685**

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 \$80000
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JALLO, CHAMOUN
STREET ADDRESS	1942 LAGO VISTA BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	VP
NAME	JALLO, JOHN
STREET ADDRESS	1942 LAGO VISTA BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	T
NAME	JALLO, MARY
STREET ADDRESS	1942 LAGO VISTA BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	S
NAME	JALLO, CHRISTINE
STREET ADDRESS	1942 LAGO VISTA BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
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 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: Chamoun Jallo 7/6/04 201-391-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment 44049282

FRANZESE & BALIAN

CERTIFIED PUBLIC ACCOUNTANTS

July 6, 2004

Division of Corporations
Uniform Business Report Filings
P. O. Box 1550
Tallahassee, FL 32302-1500

Re: BOJ Corporation
Document # P01000060883
2004 Uniform Business Form

Dear Sir/Madam:

We are the accountants for the above-mentioned Florida taxpayer as well as for fifteen other Florida taxpayers.

We received sixteen "Notice of Intent to Dissolve" postcards for each of these clients but never received the 2004 Uniform Business Report renewal form.

After speaking to one of your agents today, we understand that you no longer mail out this form. We never received notice of this change.

Enclosed is a check for \$150.00 in payment of the annual fee. We request an abatement of the late payment penalty of \$400.00 since the delinquency was inadvertent.

Very truly yours,

Sol M. Lopez
Ms. Sol M. Lopez
Franzese & Balian