


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90101 048 ***150.00

DOCUMENT # P01000060883	
1. Entity Name BOJ CORPORATION	

Principal Place of Business 4002 ORIENT RD TAMPA, FL 33610	Mailing Address 136 BROADWAY, STE 1 WOODCLIFF LAKE, NJ 07677
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2. Principal Place of Business		3. Mailing Address 35184 US 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Harbor FL	
Zip	Country	Zip 34684	Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3739598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JALLO, MARY 1942 LAGO VISTA BLVD PALM HARBOR, FL 34685		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 (Applicable) (NOTE: Registered Agent signature is required when rechartering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JALLO, CHAMOUN			NAME			
STREET ADDRESS	1942 LAGO VISTA BLVD			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JALLO, JOHN			NAME			
STREET ADDRESS	1942 LAGO VISTA BLVD			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JALLO, MARY			NAME			
STREET ADDRESS	1942 LAGO VISTA BLVD			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JALLO, CHRISTINE			NAME			
STREET ADDRESS	1942 LAGO VISTA BLVD			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Chamoun Jallo **4-29** **727.771.1155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #