


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000062783

1. Entity Name
CHJ, CORPORATION



Principal Place of Business 624 ENGLISH AVE HOMESTEAD, FL 33030	Mailing Address 17115 SW 81 COURT MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0636180	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

PRACHER, DOUGLAS J
317 N KROME AVE
HOMESTEAD, FL 33030

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, HALE M 17115 SW 81 COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASCIANNA, CARLEEN 16611 SW 108TH COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIZZLE-DIAN, JOAN 21921 SW 124TH COURT MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/05-80015-008 150.00

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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)(f), 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]* Date: 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #