


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 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**

DO NOT WRITE IN THIS SPACE



05262008 No Chg-P CR2E034 (11/05)

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**

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: _____

000000952609
 06/04/08-80088-009 150.00
 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
 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 16811 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	

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:  **5/2/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #