## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

RIVERA

YOUR DROPALLYTED NAME OF SIGNING NEXT LER ORDIRECTOR

## FILED Feb 09, 2005 08:00 AM **DOCUMENT # P01000082792 Secretary of State** 1. Entity Name 4J'S INC. Principal Place of Business Mailing Address 1735 JEFFORDS STREET 1735 JEFFORDS STREET CLEARWATER, FL 33756 CLEARWATER, FL 33756 No Cha-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3749048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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. SIĞNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relnetating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, **PVST** TITLE 000000222939 02/10/05-80026-002 150.00 RIVERA, NILDA F NAME 2448 NURSERY ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 TITLE NAME RIVERA, NILDA F STREET ADDRESS 2448 NURSERY ROAD CITY-ST-ZIP CLEARWATER, FL 33764 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(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.

DAYTIME PHONE

727-536-1082