

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90212 050 \*\*\*150.00

**DOCUMENT # P01000094297**

1. Entity Name  
**CJ MEDICAL, INC.**

Principal Place of Business  
**1006 BAY DRIVE  
SUITE 706  
MIAMI BEACH, FL 33141**

Mailing Address  
**14024 OSPREY LINKS RD.,  
ORLANDO, FL 32837**

**14009851**



02172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0646875**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHMUELS, DIEGO  
1006 BAY DRIVE  
706  
MIAMI BEACH, FL 33141**

**7. Name and Address of New Registered Agent**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> Delete
NAME	PATINO, JOSE LUIS	
STREET ADDRESS	14024 OSPREY LINKS RD., #313	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	AVEZCANEDA, CLAUDIA	
STREET ADDRESS	14024 OSPREY LINKS RD., #313	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHMUELS, DIEGO	
STREET ADDRESS	1006 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOMEZ, MONICA	
STREET ADDRESS	1006 GAY DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patino, Jose Luis	
STREET ADDRESS	2417 Ruddestone Way	
CITY-ST-ZIP	Hissimmee, FL 34744	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Avellaneda, Claudia	
STREET ADDRESS	14024 Osprey Links Rd #313	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez, Monica	
STREET ADDRESS	1006 Bay Drive	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

Date

305 8678251

Daytime Phone #