

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094297

Entity Name: CJ MEDICAL, INC.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

7521 W. TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141 US

## New Principal Place of Business:

## Current Mailing Address:

7521 W. TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141 US

## New Mailing Address:

FEI Number: 02-0646875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHMUELS, DIEGO I  
7521 W. TREASURE DRIVE  
NORTH BAY VILLAGE, FL 33141 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: PATINO, JOSE LUIS  
Address: 4524 CHALFONT DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

Title: S ( ) Delete  
Name: AVELLANEDA, CLAUDIA  
Address: 4524 CHALFONT DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

Title: T ( ) Delete  
Name: SHMUELS, DIEGO  
Address: 7521 W. TREASURE DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: P ( ) Delete  
Name: SHMUELS, ZAYRA  
Address: 7521 W. TREASURE DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: D ( ) Delete  
Name: ZENO, MAYRA  
Address: 741 CYPRESS POINTE DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33027 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZAYRA SHMUELS

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date