


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90017 003 ***150.00

DOCUMENT # *PO2000019137*

1. Entity Name
CSJE Corporation



DO NOT WRITE IN THIS SPACE

44011198

2. Principal Place of Business c/o John P. Fenner, Esq. 2840 NW B Suite, Apt. #, etc. <i>Via Dadelmi Blvd</i> Suite 107		3. Mailing Address same Suite, Apt. #, etc. same		4. FEI Number 37-1420930		Applied For Not Applicable
City & State Boca Raton		City & State same		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33431	Country Palm Beach	Zip same	Country same			

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John P. Fenner, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2840 NW Boca Raton Blvd., Suite 107

City Boca Raton FL Zip Code 33431

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	Lawrence C. Sigman, Chairman and President 10920 Lakemore Lane - Unit 202 Boca Raton FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* Jan. 30, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *561-683-8494*

CR2E034B (12/03)