


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90184 024 ***150.00

DOCUMENT # P02000021498	
1. Entity Name JACJ, INC.	

Principal Place of Business 350 NW 134TH AVENUE #205 PEMBROKE PINES, FL 33028	Mailing Address 350 NW 134TH AVENUE #205 PEMBROKE PINES, FL 33028
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14020377

2. Principal Place of Business 10352 Lima Street Suite, Apt. #, etc.	3. Mailing Address 10352 Lima Street Suite, Apt. #, etc.
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City & State Cooper City, FL	City & State Cooper City, FL
Zip 33026	Zip 33026
Country USA	Country USA

04142004 Chg-P CR2E034 (10/03)

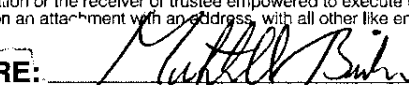
4. FEI Number 04-3624343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required	

6. Name and Address of Current Registered Agent BIEDERMAN, MITCH 350 NW 134TH AVENUE #205 PEMBROKE PINES, FL 33028	
7. Name and Address of New Registered Agent Name Biederman, Mitchell Street Address (P.O. Box Number is Not Acceptable) 10352 Lima Street City Cooper City FL Zip Code 33026	

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  MITCHELL BIEDERMAN	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEDERMAN, MITCH 350 NW 134TH AVENUE #205 PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Biederman, Mitch 10352 Lima Street Cooper City, FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  MITCHELL BIEDERMAN	Date 4/26/04 Daytime Phone # 954-885-1498