2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am **Secretary of State DOCUMENT # P02000037473** 1. Entity Name 02-25-2004 90040 002 ***158.75 CRJ & ASSOCIATES, INC. Principal Place of Business Mailing Address 7220 N.W. 36TH STREET, SUITE 528 7220 N.W. 36TH STREET, SUITE 528 **MIAMI FL 33166** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0969527 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIERA, MIGUEL J Street Address (P.O. Box Number is Not Acceptable) 7220 N.W. 36TH STREET, SUITE 528 MIAMI FL 33166 722**0** N.W. 36 Street 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE Harry Christie CHRISTIE, HARRY P.E. NAME 11724 S. W. 103 Lane STREET ADDRESS 9041 S.W. 140TH STREET STREET ADDRESS Miami, Florida 33186 CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP Delete TITLE ☐ Addition RIERA, MIGUEL J P.E. STREET ADDRESS 4602 SW 159TH PLACE STREET ADDRESS MIAMI FL 33185 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME FERMANIAN, MARC ANTHONY P.E. MARIE STREET ADDRESS STREET ADDRESS 10633 N.W. 62ND CT. CITY-ST-ZIP PARKLAND FL 33076 CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. Harry Christie 2/9/2004 (786)331-7370 SIGNATURE: