

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90068 026 ***150.00

DOCUMENT # P02000081717 1. Entity Name CJF ASSOCIATES, INC.			
Principal Place of Business 109 BROOK WOODE ROYAL PALM BEACH, FL 33411		Mailing Address 195 SUNFLOWER CIRCLE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 195 SUNFLOWER CIRCLE		3. Mailing Address 195 SUNFLOWER CIRCLE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL	
Zip 33411		Zip 33411	
Country USA		Country 	
4. FEI Number 20-0000056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RALLO, FRANK J 6629 FOREST HILL BLVD WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 195 SUNFLOWER CIRCLE City ROYAL PALM BEACH FL Zip Code 33411	
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: <u><i>Frank Rallo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME MAYER, ZOLTAN STREET ADDRESS 109 BROOK WOODE AVE. CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	TITLE P+D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE FRANK RALLO <input type="checkbox"/> Delete NAME 195 SUNFLOWER CIRCLE STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP	TITLE S+D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Frank Rallo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

40037731



01252007 Chg-P CR2E034 (12/06)