


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000110459	
1. Entity Name CJM INVESTMENT GROUP, INC.	

Principal Place of Business 1800 W. 68TH ST., SUITE 128 HIALEAH, FL 33014	Mailing Address 1800 W. 68TH ST., SUITE 128 HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1555526	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  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145
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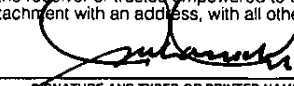
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHAMAH, MIGUEL A 1800 W. 68TH ST., SUITE 128 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARQUEZ, JULIAN 1800 W. 68TH ST., SUITE 128 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ-MORENO, JORGE 1800 W. 68TH ST., SUITE 128 HIALEAH, FL 33014
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04/13/07-80014-017 150.00

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:  MIGUEL A. CHAMAH	4/02/07 (305) 820-0903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR president	Date Daytime Phone #