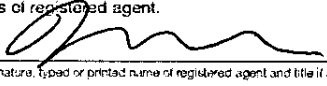


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90024 025 ***150.00

DOCUMENT # P02000115806 1. Entity Name BJ CIGARETTES, INC.					
Principal Place of Business 1051 S.PARK RD #306 HOLLYWOOD, FL 33021			Mailing Address 1051 S.PARK RD #306 HOLLYWOOD, FL 33021		
2. Principal Place of Business 10856 NW 9th Ct Suite, Apt. #, etc.		3. Mailing Address 10856 NW 9th Ct Suite, Apt. #, etc.			
City & State Plantation, FL Zip 33324		City & State Plantation, FL Zip 33324		4. FEI Number 41-2065563	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDELSON, JEFF 1051 S PARK ROAD #306 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 10856 NW 9th Ct City Plantation FL Zip Code 33324		
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 7/MAR/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDELSON, JEFF 1051 S.PARK RD #306 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same ☐ Change ☐ Addition 10856 NW 9th Ct Plantation, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDELSON, BELINDA 1051 S.PARK RD #306 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same ☐ Change ☐ Addition 10856 NW 9th Ct Plantation, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/MAR/04 954-294-7827 Date Daytime Phone #		