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	Mailing Address
1051 S.PARK RD #306 HOLLYWOOD, FL 33021	1051 S.PARK RD #306 HOLLYWOOD, FL 33021

03072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10856 NW 9th ct	10856 NW 9th ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PlANtAtion, fl	City & State: PlANtAtion, fl
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. FEI Number: 41-2065563 ☐ Applied For ☐ Not Applicable

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: [signature] 7/MAR/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 10856 NW 9th ct PlANtAtion, fl 33324	☐ Change ☐ Addition
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 10856 NW 9th ct PlANtAtion fl 33324	☐ Change ☐ Addition
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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] 7/MAR/04 954-294-7827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #