
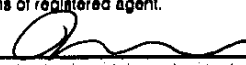



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90092 020 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P02000115806 | |  | |
| 1. Entity Name BJ CIGARETTES, INC. | | | |
| Principal Place of Business 10856 NW 9TH CT FORT LAUDERDALE, FL 33324 | | Mailing Address 10856 NW 9TH CT FORT LAUDERDALE, FL 33324 | |
| 2. Principal Place of Business 3892 tree top DR Suite, Apt. #, etc. | | 3. Mailing Address 3892 tree top DR Suite, Apt. #, etc. | |
| City & State Weston, fl | | City & State Weston, fl | |
| Zip 33332 | Country USA | Zip 33332 | Country USA |
| 4. FEI Number 41-2065563 | | 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 MENDELSON, JEFF 10856 NW 9TH CT FORT LAUDERDALE, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3892 tree top DR City Weston FL Zip Code 33332 | |
| 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  Jeff Mendelson 28/Feb/05 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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | PD MENDELSON, JEFF 10856 NE 9TH CT FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3892 tree top DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Weston, fl 33332 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MENDELSON, BELINDA 10856 NW 9TH CT FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3892 tree top DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Weston, fl 33332 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE - NAME STREET ADDRESS CITY-ST-ZIP | - <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Jeff Mendelson, President | | 28/Feb/05 954-294-7827 Date Daytime Phone # | |