2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State
08-30-2004 90005 016 ***550.00

DOCUMENT # P03000027501

1. Entity Name
B.J.Z. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
14101 NW 2ND AVE NORTH MIAMI, FL 33168-4807	14101 NW 2ND AVE NORTH MIAMI, FL 33168-4807

07192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1717 No. BAYSHORE DRIVE	1717 No BAYSHORE DRIVE
Suite, Apt. #, etc. 1655	Suite, Apt. #, etc. 1655
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33132 Country MIAMI-DADE	Zip 33132 Country MIAMI-DADE

4. FEI Number 59-3769119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name HERBERT W ABRAMSON Street Address (P.O. Box Number is Not Acceptable) 310 POINCIANA ISLAND DRIVE City SUNNY ISLES BEACH **FL** Zip Code 33160

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 Herbert W Abramson

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	P BOGOEVSKI, KOCE 14101 NW 2ND AVE NORTH MIAMI, FL 331684807	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY HERBERT W ABRAMSON 310 POINCIANA ISLAND DRIVE SUNNY ISLES BEACH, FL 33160	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD JEANNIDIS, ANASTASIOS J 14101 NW 2ND AVE NORTH MIAMI, FL 331684807	☐ 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
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: Herbert W Abramson, HERBERT W ABRAMSON, SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR