

2003 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072120

1. Entity Name
B & J RESTAURANT & CAFETERIA INC.



Principal Place of Business
**1956 NW 17 AVE
MIAMI, FL 33125**

Mailing Address
**1956 NW 17 AVE
MIAMI, FL 33125**

2. Principal Place of Business
5150 E 9Ln

3. Mailing Address
5150 E 9Ln

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33013

Country
USA

Zip
33013

Country
USA



06022005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2376024

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERA, JULIAN
1956 NW 17 AVE
MIAMI, FL 33125**

7. Name and Address of New Registered Agent

Name
JULIAN RIVERA

Street Address (P.O. Box Number is Not Acceptable)
5150 E 9Ln

City
Hialeah FL

Zip Code
33013

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 **06-02-05**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, JULIAN	
STREET ADDRESS	1956 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, BETTY B	
STREET ADDRESS	1956 NW 17 AVE	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JULIAN	
STREET ADDRESS	5150 E 9Ln	
CITY-ST-ZIP	Hialeah FL 33013	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, BETTY B	
STREET ADDRESS	5150 E 9Ln	
CITY-ST-ZIP	Hialeah FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **06-02-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 JUN -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA