

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080376

Entity Name: C.J.V.L. ENTERPRISES, INC

FILED
Mar 03, 2004
Secretary of State

Current Principal Place of Business:

P.O BOX 451901
SUNRISE, FL 33345 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 451901
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 20-0098656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS, SANDRA
9069 NW 45TH ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

PAYNE-JACKSON, MARY A
9069 NW 45TH ST
SUNRISE, FL 33351 US

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.

SIGNATURE: PAYNE-JACKSON, MARY A

03/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAYNE-JACKSON, MARY A
Address: 9069 NW 45TH STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: V () Delete
Name: COLEMAN, CHARLOTTE
Address: P.O. BOX 451901
City-St-Zip: SUNRISE, FL 33345 US

Title: V () Delete
Name: LOUIS, SANDRA
Address: P.O. BOX 451901
City-St-Zip: SUNRISE, FL 33345 US

Title: T () Delete
Name: PAYNE-JACKSON, MARY A
Address: 9069 NW 45TH STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: S () Delete
Name: WILLAAMS, VANESSA L
Address: P.O. BOX 451901
City-St-Zip: SUNRISE, FL 33345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MONROE, SHAMEKA S
Address: P.O. BOX 451901
City-St-Zip: SUNRISE, FL 33345 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILLIAMS, VANESSA L
Address: P.O. BOX 451901
City-St-Zip: SUNRISE, FL 33345

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONROE, SHAMEKA S

V

03/03/2004

Electronic Signature of Signing Officer or Director

Date