## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000101375

1. Entity Name SJ FLORIDA HOLDCO INC.

FILED Jan 31, 2006 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

C/O UNITED CORPORATE SERVICES, INC. 9200 S DADELAND BLVD SUITE 508 MIAMI, FL 33156 Mailing Address

C/O UNITED CORPORATE SERVICES, INC. 9200 S DADELAND BLVD SUITE 508 MIAMI, FL 33156



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1203747

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current Re	gistered	Agent

UNITED CORPORATE SERVICES, INC. 9200 S DADELAND BLVD SUITE 508 MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

01/10/06

<u>(905) 474-071</u>0

					:					
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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS		£.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIM, JAMESINA 23 DEAN ST., #1 BROOKLYN, NY 11201									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD` CHIM, DANIEL 37 PAMCREST DR. ONTARIO, CANADA, m2m 2m2				U00000407910 02/08/06-80040-009 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KO, CHRISTINE 41 GOODNOW LANE FRAMINGHAM, MA 01702			DO	NOT WRITE					
THTLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		: :								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		/								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate 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, when the empowered.										

Daniel Chim

D ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR