2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

| DOCUMENT # P03000148240 1. Entity Name BJN, INC. | | | | | Secretary of State 04-26-2006 90196 033 ***150.00 | | | | | |
|--|--|---------------------------------------|-------------------------|--|---|------------------|---------|----------|---------------------------|--|
| Principal Place of Business 6400 SW 24ST COURT | | Mailing Address 6540 NW 40TH COURT | | | en de la companya de | | | | | |
| DAVIE, FL 33317 | | BOCA RATON, FL 33496 | | | , | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | Mailing Address | | | | | | | |
| Suite, Apt. | COUNTY COUNTY | Suite, Apt. #, etc. | | | | | | | | |
| 11 | | | | | 04222006 | Chg-P | CR2E034 | | | |
| DAVIE, FLORIDA | | City & State | | | 4. FEI Number 20-0469 | 230 | | | plied For t Applicable | |
| Zip 3331 | 7 Country U.S.A. | Zip | Count | Ŋ | 5. Certificate o | f Status Desired | | 8.75 Add | | |
| | 6. Name and Address of Current F | | | | 7. Name and Address of New Registered Agent | | | | | |
| BLOOM, JONATHAN ESQ. | | | | Name | | | | | | |
| BLOOM BALLEN & FREELING 2295 NW CORPORATE BLVD., SUITE 117 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | TON, FL 33431 | _ | | | | | | | | |
| | | | | City | FL Zip Code | | | | | |
| 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 | | | | | | | | | | |
| MALE MALE AND | | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 | | 00 May Be ed to Fees | | | | | | | |
| 10. | OFFICERS AND DIRECTORS 11. | | | | ADDITIONS/C | HANGES TO OFF | | | | |
| TITLE NAME | PD NADEL, BETH | ☐ Delete | TITLE NAME | 1 | | | | _ Change | Addition | |
| STREET ADORESS CITY+ST-2:P | 6540 NW 40TH COURT | | | ET ADDRESS | | | | | | |
| IIILE . | BOCA RATON, FL 33496 ST | ☐ Delete | TITLE | ST-ZIP | | | ſ | ☐ Change | ☐ Addition | |
| NAME | NADEL, JEFF | La beleta | NAME | | | | | onenge | | |
| STREET ADDRESS CITY+ST-ZIP | 6540 NW 40TH COURT BOCA RATON, FL 33496 | | | ST-ZIP | | | | | | |
| IITLE | | ☐ Delete | TITLE | | | | [| Change | ☐ Addition | |
| NAME Street Address | | | NAME | I | | | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | |
| TIFLE | | ☐ Delete | TITLE | | | | | Change | Addition | |
| name Street address | | | NAME | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | SI-ZIP | | | | | | |
| TITLE | ! | ☐ Delete | TITLE |] | | | [| Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREE | T ADDRESS | | | | | ĺ | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | 1 | | | [| ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | T ADDRESS | | | | |] | |
| CITY-ST-ZIP | | | 1 | 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 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 jrustee 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. | | | | | | | | | | |