

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000149142

1. Entity Name

CJ MEDICAL SUPPLIES, INC.



Principal Place of Business

13350 NW 42ND AVE STE 7
OPA LOCKA FL 33054

Mailing Address

13350 NW 42ND AVE STE 7
OPA LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2EQ34 (10/05)

4. FEI Number

20-0519268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

LEON, JOSEFA
13350 NW 42ND AVE STE 7
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	LEON, JOSEFA	
STREET ADDRESS	13350 NW 42ND AVE STE 7	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, JOSEFA	
STREET ADDRESS	13350 NW 42ND AVE STE 7	
CITY-ST-ZIP	OPA LOCKA FL 33054	
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		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U000000413750	
STREET ADDRESS	02/11/06-800009-008 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Section 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 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:

Josefa Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

(301) 488-1935

Date

Daytime Phone #