

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90043 008 ***150.00

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 - No P.O. Box #

13350 NW 42 Ave

3. Mailing Address

13350 NW 42 Ave

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

OPA-LOCKA, FL

City & State

OPA-LOCKA, FL

Zip

33054

Country

USA

Zip

33054

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0519268

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee 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.

MOORE Registered Agent signature required when submitting:

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #