

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149142

Entity Name: CJ MEDICAL SUPPLIES, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

13350 NW 42 AVE
SUITE 7
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13350 NW 42 AVE
SUITE 7
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-0519268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LEON, JOSEFA
Address: 13350 NW 42ND AVE STE 7
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: LEON, JOSEFA
Address: 13350 NW 42ND AVE STE 7
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEFA LEON

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date