2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000149453 1. Entity Name CJS FOODS INC				04-30-2004 90262 029 ***150.00
Principal Plac	o of Rusinger	Mailing Address	NE I	94076122
, , , , , , , , , , , , , , , , , , , ,		PO BOX 9334		2010175
#B N/		NAPLES, FL 34101		<i>j</i>
NAPLES, FL 34104				FARRICAL III ARRE WIN ARM ARM COIC HON AND IN IN THE RIBER WINE WINES
2. Principal Place of Business 3.		3. Mailing Address	notile Are	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	700,000	04272004 Chg-P CR2E034 (10/03)
City & State		City & State NADLES PC		4. FEI Number 474606 Applied For Not Applicable
Zip	Country	Zio / Cou	intry USA	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Current F	Registered Agent		Fee Required 7. Name and Address of New Registered Agent
M ILZ, CLAUDINE A 35 84 MERCANTILE A VE			Name J Street Address	effry S. Scholling (P.O. BoxNumber is Not Acceptable)
# B NA PLE8: FL 341 04			_	7 / () //
NAMELO, FL 54404			2940	Trade Center Way
	TT-842		City No	FL Zip Cog 4/09
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
ŞIGNATURE_	Signature, typed or printed name of spiriter of agent as	nd title if applicable. (NOTE: Registe	red Agent signature require	4/4 1/04 d when reinstating) DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		i.00 May Be ded to Fees
10.	OFFICERS AND D	DIRECTORS 11	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete TIT	LE	☐ Change ☐ Addition
NAME STREET ADDRESS (MILZ, CLAUDINE A 3584 MERCANTILE AVE #B		me Reet address	
CITY-ST-ZIP	NAPLES, FL 34104	The state of the s	Y-ST-ZIP	
TITLE		☐ Delete Tiff	LE	Change Addition .
NAME		NA	-	
STREET ADDRESS CITY-ST-ZIP			REET ADDRESS Y-ST-ZIP	
TITLE		□ Delete III		Change C Addition
NAME	ندر المحداث المجاهد الم		ME	Change Addition
STREET ADDRESS			REET ADDRESS	
CITY-ST-ZIP TITLE			Y-ST-ZIP	
NAME		☐ Delete ☐ TIT NAI	le Me	☐ Change ☐ Addition
STREET ADDRESS			REET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE NAME		☐ Delete Tif	I	☐ Change ☐ Addition
STREET ADDRESS			REET ADDRESS	
CITY-ST-ZIP		СІТ	Y-ST-ZIP	
TITLE		☐ Delete TIT	!	☐ Change ☐ Addition
NAME STREET ADDRESS		NAI	ME REET ADDRESS	
CITY-ST-ZIP	_		Y-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CLAUDINE MILZ PRISIDENT 4/28/04 SIGNATURE AND TYPEPOR PRINTED NAME OF PRINTED NAME				