2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **FILED** Feb 02, 2005 8:00 am DOCUMENT # P04000014363

1. Entity Name					Secretary of State				
BJW INVESTMENT COMPANY					02-02-2005 900	051 030 **	**150.00		
Principal Plac	e of Business	Mailing Address							
2160 NW 29 ST UNIT 5 P.O. BOX 451113 OAKLAND PARK FL 33311 SUNRISE FL 33345-1113									
			_						
2. Principal Place of Business 3. Mailing Address P.O. BOX 267'			7716						
Suite, Apt.		Suite, Apt. #, etc.		1	st MOORE	CR2E034	(10/04)		
City & Stat	nd Park, Ec	City & State Fort bander	dale i	4. FEI Num	32-011263	9	<u> </u>	olied For Applicable	
Zip 33311	Country		Country 15A	5. Certifica	ate of Status Desired		\$8.75 Addi		
اددد	6. Name and Address of Current		2011	7. Name a	nd Address of New	Registered A			
		-	Name						
HARRIS, LOUISE 2160 NW 29T SY UNIT 5 OAKLAND PARK FL 33311				Street Address (P.O. Box Number is Not Acceptable)					
OAI	NEAND FARK FE 33311								
			City			FL	Zip Code	•	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	registered agent, or	both, in the State of F	lorida. I am	familiar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE R	egistered Agent signatu	re required when reinstating)		DATE			
After	ILE NOW!!! FEE IS \$150.00 & May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o			-	9. Election Camp Trust Fund Co	-	_	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITION	S/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
THTLE	D	. Oelete	TITLE	Rivector	و		(X) Change	Addition	
NAME STREET ADDRESS	BOLT, JULIE 8320 NW 45TH CT		NAME STREET ADDRESS	Louise Ha	wijs .	رب سالة	. lt at	.	
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP	MN OAIS	29th st.	25 , FE	Type iff	33311	
TITLE		☐ Delete	TITLE	gresident.	_		Change	⊠ Addition	
NAME STREET ADDRESS			name Street address	Kegina Rabin	150N 29th CL #3				
CITY-ST-ZIP			CITY-ST-ZIP	ALGO NW &	4 33311				
TITLE -		Delete	TITLE			*	Change	Addition	
NAME			NAME STREET ADDRESS	-	- -				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					The second second	
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS			STREET ADDRESS						

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.

CITY-ST-ZIP

CITY-ST-ZIP