
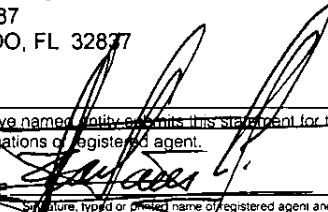
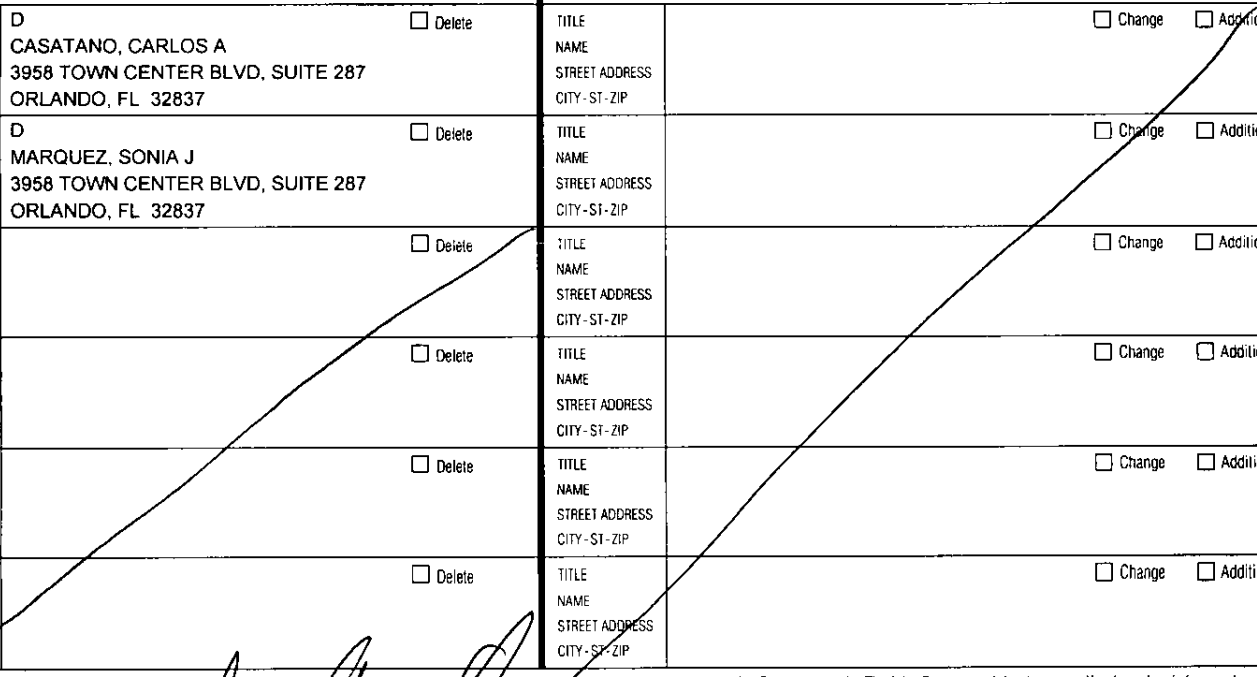
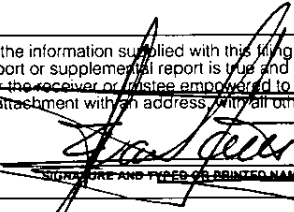


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 047 ***150.00

DOCUMENT # P04000022212					
1. Entity Name C.A.J. CONSTRUCTION, INC.					
Principal Place of Business 3956 TOWNCENTER BLVD SUITE 287 ORLANDO, FL 32837			Mailing Address 3956 TOWNCENTER BLVD SUITE 287 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 8853 Commodity Circle Suite, Apt. #, etc. #6		3. Mailing Address 8853 Commodity Circle Suite, Apt. #, etc. #6			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32819		Country Orange		Zip 32819	
Country Orange		4. FEI Number 20-0677216			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTANO, CARLOS A 3956 TOWN CENTER BLVD SUITE 287 ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name: Carlos A. Castano Street Address (P.O. Box Number is Not Acceptable): 8853 Commodity Circle Ste #6 City: Orlando FL Zip Code: 32819		
8. The above named entity certifies 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:  CARLOS A. CASTANO - President 3/27/07 (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASATANO, CARLOS A 3958 TOWN CENTER BLVD, SUITE 287 ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, SONIA J 3958 TOWN CENTER BLVD, SUITE 287 ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		President		3/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 321-394-5613	

40045278



03192007 Chg-P CR2E034 (12/06)