2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000046800 1. Entity Name C & J REALTY INC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

2609 ARBOR LANE ROYAL PALM BEACH, FL 33411 Mailing Address

2609 ARBOR LANE ROYAL PALM BEACH, FL 33411



DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0153489 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAHID, ABDUL 2609 ARBOR LANE SUITE 1 ROYAL PALM BEACH FL 334

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	SUITE 1 ROYAL PALM BEACH, FL 33411		IN THIS SPACE		
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME VICABLE POPULATION SINCE ADDRESS 2609 ARBOR LN ROYAL PALM BEACH, FL 33411 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE TITLE NAME NAME SIREET ADDRESS CITY-ST-2P TITLE TITLE NAME NAME SIREET ADDRESS CITY-ST-2P TITLE TITLE TI	the obligations of registered agent. SIGNATURE WILL S. WALTE Y-2008				
TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE NAME WAHID, ABOUL S STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CTORS	DO	05/22/08-90098-023 150.00	
STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this fil	ling does not qualify for the exemptions	contained in Chapter 118	2 Florida Statutes I further certify that the information	

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.

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08

561-542-NZ

Daytime Phone #