ANNUAL REPORT

DOCUMENT # P04000063656

1. Entity Name

C.A.J.B. DEVELOPMENT AND CONSTRUCTION CORP.



FILED

Mar 17, 2008 08:00 A

Secretary of State

Principal Place of Business

Mailing Address

2931 S.W 108 AVENUE MIAMI, FL 33165 2931 S.W 108 AVENUE MIAMI, FL 33165



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04292007	No Chg-P	CR2E034 (11/05)	

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0603010	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, JOSE M 2931 S.W 108 AVENUE MIAMI, FL 33165

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title disportable (N.C.TE. Registered Agent signature required when remaining). DATE											
	E NOWIII FEE IS \$150.00 ay 1, 2009 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALMEIDA, CARLOS M 2931 S.W 108 AVENUE MIAMI, FL 33165				Hagannecec42						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BETANCOURT, JOSE M 2931 S.W 108 AVENUE MIAMI, FL 33165				000000853342 04/02/08-80027-009 150.00						
TITLE NAME STREET ADDRESS CITY-SI-ZIP		·	DO NOT WRITE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·										
TITLE NAME STREET ADDRESS CHY-ST-ZIP											
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 addresse, with all other like empowered.											

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR