## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Feb 28, 2007 08:00 AM Secretary of State

DOCUMENT # P0400 1. Entity Name CRJ INC.		
Principal Place of Business	Mailing Address	
4449 SW FARMINGTON SR	4449 SW FARMINGTON SR	
PORT SAINT LUCIE, FL 34953	PORT SAINT LUCIE, FL 34953	

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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 delignations of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignations of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of the delignation of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of registered agent, or both, in the State of Florida, I am familiar with, and accept the delignation of the deligna	DO NOT WRITE IN THIS SPA			CE	02072007 4. FEI Numbe 42-164	No Chg-P 9r 1992	CR2E03-	Applied For Not Applicable  8.75 Additional
IN THIS SPACE  8. The above named enerty 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.  SignaTurille  Signatural, bread or private area of registered agent.  PLE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND		6. Name and Address of Current Regis	tered Agent					
THE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  TINE  PD JOSHUA, ROGER JO	1215 SE 2	ND AVE #202						,
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SIGNATURE Signature, typed or printed name of regotered agent and tale if application  **TILE NOW!!!* FEE IS \$150.00  **After May 1, 2007 Fee will be \$550.00  **PRICE NOW!!!* FEE IS \$150.00  **TUSE Fund Contribution**  10. OFFICERS AND DIRECTORS  **ITUSE Fund Contribution**  10. OFFICERS AND DIRECTORS  **ITUSE Fund Contribution**  10. OFFICERS AND DIRECTORS  **ITUSE Fund Contribution**  10. OFFICERS AND DIRECTORS  10.		ons of registered agent.				•	•	10
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After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	i	Signature, typed or printed name of registered agent and little	i il applicable (NOTE: Registere	rd Agent signature require	d when reinstaling)		DATE	
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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 report is true and accurate and that my signature shall have the same legal effect as if made under early, 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: 😕