

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/10

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-10-2005 90012 006 ***150.00

DOCUMENT # P04000133906					
1. Entity Name C.M.J. CORPORATION					
Principal Place of Business 3802 NE 207TH STREET TH 2/2 AVENTURA, FL 33180			Mailing Address 3802 NE 207TH STREET TH 2/2 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1666416	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KIERSON, JACOB 3802 NE 207TH STREET TH 2/2 AVENTURA, FL 33180				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KIERSON, JACOB <input type="checkbox"/> Delete 3802 NE 207TH STREET TH 2/2 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KIERSON, CELIA <input type="checkbox"/> Delete 3802 NE 207TH STREET TH 2/2 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KIERSON, MALCA <input type="checkbox"/> Delete 3802 NE 207TH STREET TH 2/2 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: <u>Celia Kiersen</u> CELIA KIERSON 1-7-05 (305) 888-6600					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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