


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 035 \*\*\*150.00

<b>DOCUMENT #</b> P04000133906	
<b>1. Entity Name</b> C.M.J. CORPORATION	

<b>Principal Place of Business</b> C.M.J. CORPORATION <del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> 14351 Commerce Way #12	<b>Mailing Address</b> C.M.J. CORPORATION <del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> 14351 Commerce Way #12
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<b>2. Principal Place of Business - No P.O. Box #</b> <del>XXXXXX</del> Same	<b>3. Mailing Address</b> 14351 Commerce Way Unit 12
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>

<b>City &amp; State</b> Miami Lakes, FL	<b>City &amp; State</b> Miami Lakes, FL
<b>Zip</b> 33016	<b>Country</b> Miami Dade

<b>4. FEI Number</b> 20-1666416	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  KIERSON, JACOB <del>XXXXXX</del> <del>XXXXXX</del> 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> KIERSON, JACOB <del>XXXXXX</del> <del>XXXXXX</del> 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> KIERSON, CELIA <del>XXXXXX</del> <del>XXXXXX</del> 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> KIERSON, MALCA <del>XXXXXX</del> <del>XXXXXX</del> 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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 Section 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**  **JACOB KIERSON** **4-9-2007** **305-888-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #