2005 FOR PROFIT CORPORATION-ANNUAL REPORT

FILED Jun 13, 2005 8:00 am Secretary of State

DOCUMENT # P04000135030 1. Entity Name B&J PROFESSIONAL SERVICES, INC.									05-05-2005	90115	021 ***1	50.00
Principal Place of Business Mailing Address												
2699 STIRLING ROAD SUITE A306 FORT LAUDERDALE, FL 33312				2699 STIRLING ROAD Suite A306 Fort Lauderdale, FL 33312				66022862				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05022005	Chg-P	CR2E	34 (10/03)	
City & State				City & State			4. FEI Numbe		16		oplied For ot Applicable	
Zip	Country			Zip Coun		itry	5. Certificate of Status Desired					
6. Name and Address of Current Re				tered Agent	7. Name and Address of New Registered Agent							
JORDAN, RENEE M ESQ.						Name						
2699 STIRLING ROAD SUITE A302						Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE, FL 33312												
<u> </u>						City	FL Zip Code					
 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 pricted name is negressed agent and title II applicative. (NOTE Registered Agent Elgineture (Inquired artisin nemitatory) DATE												
FILE NOWIT FEE IS \$150.00 Due by September 7, 2005 9. Election Cempaign: Trust Fund Contribu						oniong	\$5.0 Adde	00 May Be od to Fees	In accordance w corporation did r	ith s. 607 not neceiv	.193(2)(b), e the prior r	F.S., the notice.
10.		OFFICERS AF	ND DIREC	·		_	ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	P BACEN, STEPHEN F SR.			Delete	E					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2699 STIRLING ROAD SUITE A306 FORT LAUDERDALE, FL 33312				STRE	ET ADDRESS - ST-ZIP						
TITLE	VP			☐ Delete	πR	E -					Change	Addition
NAME STREET ADDRESS	JORDAN, RENEE M 2699 STIRLING ROAD SUITE A306				E Et address							
CITY-ST-ZIP		UDERDALE, FL 333			-ST-ZIP							
TITLE				☐ Delete	riti						☐ Change	Addition
NAME Street address					NAM STRE	ET ADORESS						
CITY-ST-ZIP						·\$1-ZIP						
title Name				Ociole	TREU NAM	_					Change	Addition
STREET ADDRESS	}					ET ACORESS						
CITY-ST-7IP					-	-ST-ZIP						
TITLE NAME	i			☐ Delete	TITL!	ľ					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1	•				ET ADDRESS -S1-ZIP						
TITLE				☐ Delete	TITL						☐ Change	Addition
RAME				C DOMO	NAM							
STREET ADDRESS CITY-ST-ZIP]					ET ADDRESS -ST-ZIP						
12. / hereby (certify that th	ne information supplied :	with this f	ling does not qualify to	r the exe	mplion stated	in Sec	tion 119 07(3)	i), Florida Statutes. I	further cer	tify that the ir	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Xi), 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.												