

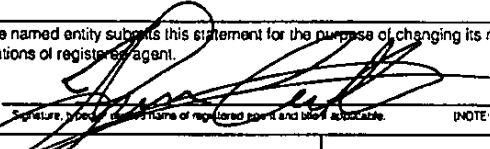
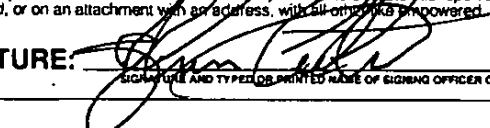
2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2005 90160 023 ***158.75

FILED P04000158034

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 27 PM 4:36

DOCUMENT # P04000158034			
1. Entity Name CBJ CONSULTING & PROFESSIONAL SERVICES, INC.			
Principal Place of Business 3840 SW 147TH AVE MIRAMAR, FL 33027		Mailing Address 3840 SW 147TH AVE MIRAMAR, FL 33027	
2. Fictitious Name of Business 2857 ALAMEDA DEL NORTE		3. Mailing Address 2857 ALAMEDA DEL NORTE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EUSTIS, FL		City & State EUSTIS, FL	
Zip 32726	Country USA	Zip 32726	Country USA
4. FEI Number 20-1933152		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTNER, JOHN 3840 SW 147TH AVE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name: CENTNER, John Street Address (P.O. Box Number is Not Acceptable) 2857 ALAMEDA DEL NORTE City: EUSTIS, FL Zip Code: 32726	
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: 		John CENTNER 4/28/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CENTNER, JOHN 3840 SW 147TH AVE MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. CENTNER, John 2857 ALAMEDA DEL NORTE EUSTIS, FL 32726 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RAYMOND, CATHERINE 3840 SW 147TH AVE MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Raymond, Catherine 2857 ALAMEDA DEL NORTE EUSTIS, FL 32726 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 file 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 my powers empowered.			
SIGNATURE: 		John Centner 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	