


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000072156 1. Entity Name BCJ RETIREMENT HOME, INC.	
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Principal Place of Business 4976 SW 7TH ST. MARGATE, FL 33068	Mailing Address 4976 SW 7TH ST. MARGATE, FL 33068
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DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1600401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, BARBARA
4976 SW 7TH ST.
MARGATE, FL 33068

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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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, BARBARA 4976 SW 7TH ST. MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WAUGH, JODI 4900 NW 16TH ST. LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILSON, HYMAN 4900 NW 16TH ST. LAUDERHILL, FL 33313
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05/29/08-80083-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Barbara Wilson 04-21-08 954-254-0159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #