

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118205

Entity Name: GJ CONSULT INC.

FILED
May 29, 2009
Secretary of State

Current Principal Place of Business:

RUE WAAG
PORT-AU-PRINCE, WI HAITI

New Principal Place of Business:

Current Mailing Address:

1896 NW 145TH TERRACE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 04-3824792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN, GARRY
1896 NW 145TH TERRACE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN, GARRY
Address: 1896 NW 145TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: CHARLES, LESLY
Address: 19801 NW MIAMI CT
City-St-Zip: MIAMI, FL 33169 US

Title: VP () Delete
Name: JEAN, PATRICK
Address: 245 BRANCH STREET
City-St-Zip: FREEPORT, NY 11001 US

Title: VP () Delete
Name: JEAN, NICOLAS J
Address: 22292 ALCORN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP () Delete
Name: JEAN, NANCY
Address: 1846 NW 145TH TERR
City-St-Zip: HOLLYWOOD, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JEAN, NICOLAS J
Address: 24271 RIVERFRONT DR
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY JEAN

MR

05/29/2009

Electronic Signature of Signing Officer or Director

_____ Date