


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000141797</b> 1. Entity Name <b>S &amp; J CAPITAL INC.</b>		
Principal Place of Business <b>7137 NW 122ND AVENUE PARKLAND, FL 33076</b>		Mailing Address <b>7137 NW 122ND AVENUE PARKLAND, FL 33076</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SHTEIF, DAVID 7137 NW 122ND AVENUE PARKLAND, FL 33076</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	SHTEIF, DAVID	
STREET ADDRESS	7137 NW 122ND AVENUE	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	VP	
NAME	SHTEIF, STEPHANIE	
STREET ADDRESS	11555 HERON BAY BLVD., SUITE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>D. D. Shteif</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3656266</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000769325  
07/18/07-80001-017 150.00