

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000086681

1. Entity Name

H & CJ MOVERS PICKUP & DELIVERY SERVICE, INC.



Principal Place of Business

2200 NW 107TH STREET  
MIAMI, FL 33167

Mailing Address

2200 NW 107TH STREET  
MIAMI, FL 33167

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**



07292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2595370

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LAURNA  
7161 PEMBROKE RD. #2  
PEMBROKE PINES, FL 33023

**DO NOT WRITE  
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

*Williams, Lorna*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

08-26-08

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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

TITLE	P
NAME	JOHNSON, HEADLEY
STREET ADDRESS	2200 NW 107TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	VP
NAME	COOK, MICHAEL
STREET ADDRESS	901 N.W. 105 ST.
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	S
NAME	WILLIAMS, LAURNA
STREET ADDRESS	7161 PEMBROKE RD. #600
CITY-ST-ZIP	PEMBROKE PINES, FL 33023

U00000959257  
09/09/08-80003-014 158.75

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/08

Date

305-7694282

Daytime Phone #