
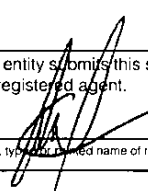
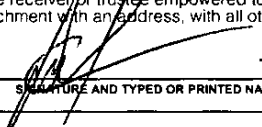


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P06000092876</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>08 JUN -9 AM 9:25</b>		
<b>1. Entity Name</b> CJEEKOS, INC.								
<b>Principal Place of Business</b> 921 LYONS ROAD 3204 COCONUT CREEK, FL 33063				<b>Mailing Address</b> 921 LYONS ROAD 3204 COCONUT CREEK, FL 33063				
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b>				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
<b>6. Name and Address of Current Registered Agent</b>  COSTA, CHRISTIAN 921 LYONS ROAD 3204 COCONUT CREEK, FL 33063				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				
<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.</b>  SIGNATURE:  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>								
<b>Amended AR is \$61.25</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTA, CHRISTIAN 921 LYONS ROAD #3204 COCONUT CREEK, FL 33063 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: large;"> <b>100131107201</b>  <b>06/10/08--01031--006 **\$1.25</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAIA-COSTA, JEYNIS 921 LYONS ROAD #3204 COCONUT CREEK, FL 33063 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<b>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.</b>								
<b>SIGNATURE:</b> 				- CHRISTIAN COSTA				6-5-08 (9M) 450-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #		