

FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90854 030 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000142849			
1. Entity Name BRJ CORP.			
Principal Place of Business 595 S. FEDERAL HIGHWAY SUITE 600 BOCA RATON, FL 33432		Mailing Address 595 S. FEDERAL HIGHWAY SUITE 600 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04272007 Chg-P CR2E034 (12/06)	
		4. FEI Number: 20-5870477	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Barry C. Honig</i></u> Signature of person named in registered agent and fee if applicable		DATE <u>4/27/07</u> DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONIG, BARRY 595 S. FEDERAL HIGHWAY #600 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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>Barry C. Honig</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/27/07</u> DATE	

66016588

ATTACHMENT

660016588

#PO 60000142849

BRJ CORP.

595 S. Federal Highway, Suite 600
Boca Raton, Florida 33432

May 21, 2007

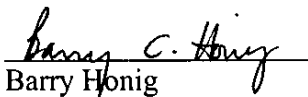
Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

Enclosed herewith is a *corrected* report for BRJ Corp. with the missing identification number inserted in box 4.

Thank you in advance for your patience in this matter.

Sincerely,


Barry Honig

/bh
Enclosure