

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 018 ***150.00

| | | | |
|---|---|---|--|
| DOCUMENT # P06000153894 1. Entity Name B M C J, INC. | | | |
| Principal Place of Business 10453 NW 2ND ST CORAL SPRINGS, FL 33071 | | Mailing Address 10453 NW 2ND ST CORAL SPRINGS, FL 33071 | |
| 2. Principal Place of Business - No P.O. Box # 4724 NW 120th Ave | | 3. Mailing Address 4724 NW 120th Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State CORAL SPRINGS FL | | City & State CORAL SPRINGS FL | |
| Zip 33076 | | Zip 33076 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-8295347 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEVY, STEVEN 10453 NW 2ND ST CORAL SPRINGS, FL 33071 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4724 NW 120th Ave City CORAL SPRINGS FL Zip Code 33076 | |
| 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.</small> | | DATE 4/2/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | NAME LEVY, STEVEN | <input type="checkbox"/> Delete | |
| STREET ADDRESS 10453 NW 2ND ST | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP CORAL SPRINGS, FL 33071 | 4724 NW 120th Ave CORAL SPRINGS FL 33076 | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE 4/2/08 DAYTIME PHONE # 8543449347 | |