



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90180 008 \*\*\*150.00

<b>DOCUMENT # P07000018483</b> 1. Entity Name <b>CJ PURVEYORS, INC.</b>					
Principal Place of Business <b>2378 WEST 80TH STREET UNIT#6 HIALEAH, FL 33016</b>			Mailing Address <b>2378 WEST 80TH STREET UNIT#6 HIALEAH, FL 33016</b>		
2. Principal Place of Business - No P.O. Box # <b>7850 NW 146th Street</b>		3. Mailing Address <b>7850 NW 146th Street</b>		  02062008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite # 513</b>		Suite, Apt. #, etc. <b>Suite # 513</b>			
City & State <b>Miami Lakes, FL</b>		City & State <b>Miami Lakes, FL</b>			
Zip <b>33016</b>		Zip <b>33016</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>		4. FEI Number <b>20-8508454</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RONCA, PAUL 17912 NW 11 STREET PEMBROKE PINES, FL FL</b>				7. Name and Address of New Registered Agent 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>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRIES, CHRISTOPHER J SR 2378 WEST 80TH STREET HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T FRIES, CHRISTOPHER J JR 2378 WEST 80TH STREET HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ <b>4-24-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					