2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069526

Entity Name: CJF INVESTMENT GROUP INC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3170 NW 122 AVENUE SUNRISE, FL 33323 **Current Mailing Address: New Mailing Address:** 3170 NW 122 AVENUE SUNRISE, FL 33323 US FEI Number: 26-0354518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CAPE COD MANAGEMENT SERVICES INC JULES, GINA DR. 314 NE 27TH STREET 2014 LITTLE TORCH ST WILTON MANORS, FL 33334 WEST PALM BEACH, FL 33407 US US 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. SIGNATURE: GINA JULES 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FLORVILUS, WATSON FLORVILUS, WATSON Name: Name: 6005 DEL LAGO CIRCLE #103 3104 NW 107TH DR Address: Address: City-St-Zip: SUNRISE, FL 33313 US City-St-Zip: SUNRISE, FL 33351 US Title: Title: () Delete () Change () Addition Name: CINEUS, MARIE Name: 3170 NW 122 AVENUE Address: Address: SUNRISE, FL 33323 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JULES, LORA Name: Name: 3170 NW 122 AVENUE Address: Address: City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: Title: () Delete Title: () Change () Addition JULES, GINA Name: Name: Address: 2014 LITTLE TORCH STREET Address: City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: Title: Title: () Delete GM () Change (X) Addition Name: Name: JULES, LUDOLE Address: Address: 3170 NW 122ND AVE City-St-Zip: City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA JULES T 04/30/2009