2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134321

QUAMINA, WAYNE JR.

1916 NW 137TH WAY

PEMBROKE PINES, FL 33028

Name:

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

Entity Name: BJQ AND SNP CORP. **Current Principal Place of Business: New Principal Place of Business:** 1916 NW 137TH WAY PEMBROKE PINES, FL 33028 **Current Mailing Address: New Mailing Address:** 1916 NW 137TH WAY PEMBROKE PINES, FL 33028 FEI Number: 75-3239933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUAMINA, BARBARA 1916 NW 137TH WAY PEMBROKE PINES, FL 33028 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition QUAMINA, BARBARA PARRIS, SHAMICA Name: Name: 1916 NW 137TH WAY 1916 NW 137TH WAY Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 Title: VΡ Title: VΡ () Delete (X) Change () Addition Name: PARRIS, SHAMICA Name: DAN, DEEKMAN 1916 NW 137TH WAY 4436 SW IDLEWILD STREET Address: Address: PEMBROKE PINES, FL 33028 PORT ST LUCIE, FL 34953 City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA QUAMINA A 05/01/2008