## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000016265

City-St-Zip:

COCONUT CREEK, FL 33066

Entity Name: ACJ MARKETING GROUP, INCORPORATED

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
18151 ROYAL PALM BLVD 102			1985 EAS 747	1985 EAST HALLANDALE BEACH BLVD		
FORT LAUDERDALE, FL 33065				HALLANDALE, FL 33009		
Current N	Mailing Addre	ss:	New Mai	New Mailing Address:		
18151 ROYAL PALM BLVD				1985 EAST HALLANDALE BEACH BLVD		
102 FORT LAUDERDALE, FL 33065				747 HALLANDALE, FL 33009		
FEI Numbe	r: 26-1969449	FEI Number Applied For ( )	FEI Number Not Ap	pplicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name an	Name and Address of New Registered Agent:		
4300 N UI	ICHARD ESQ NIVERSITY DF E, FL 33351					
	e named entity te of Florida.	submits this statement for the	purpose of changing	g its registered	d office or registered agent, or both,	
SIGNATU	IRE:					
	Electro	nic Signature of Registered A	gent		Date	
Election Ca	mpaign Financin	ng Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	CTORS:	ADDITIC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CATALANO, AI 18151 ROYAL	) Delete NTHONY PALM BLVD APT 102 IGS, FL 33065	Title: Name: Address: City-St-Zip:		(X) Change ()Addition IFFORD J HALLANDALE BEACH BLVD SUITE 747 E, FL 33009	
Title: Name: Address:	PERRY, CLIFF 1941 WASHIN	0 B 1 (	Title:			
City-St-Zip:	HOLLYWOOD	() Delete FORD GTON ST APT 4 , FL 33020	Name: Address: City-St-Zip:	:	( ) 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.

City-St-Zip:

SIGNATURE: CLIFFORD J PERRY PST 04/30/2009