

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000006075

1. Entity Name
BCJ INVESTMENTS, INC.



Principal Place of Business

510 NW 54TH ST.
MIAMI, FL 33127

Mailing Address

510 NW 54TH ST.
MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0371857	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

BLAXBERG, I. B
25 SE 2ND AVE.
SUITE 730
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLAXBERG, I. B
STREET ADDRESS	25 SE 2ND AVE., SUITE 730
CITY - ST - ZIP	MIAMI, FL 33131

TITLE	PD
NAME	ASHMORE, CHARLES J
STREET ADDRESS	510 NW 54TH ST.
CITY - ST - ZIP	MIAMI, FL

TITLE	SD
NAME	ASHMORE, BEATRICE
STREET ADDRESS	510 NW 54TH ST.
CITY - ST - ZIP	MIAMI, FL

TITLE	VPD
NAME	SHEPPARD, JASON C
STREET ADDRESS	510 NW 54TH ST.
CITY - ST - ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #