


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90298 030 \*\*\*150.00

<b>DOCUMENT # P93000029794</b>	
1. Entity Name <b>GJH CORPORATION</b>	

Principal Place of Business <b>7327 VINTE ANGELO DELRAY BEACH FL 33446</b>	Mailing Address <b>7327 VINTE ANGELO DELRAY BEACH FL 33446</b>
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2. Principal Place of Business <b>6104 BELLEZA LANE</b>	3. Mailing Address <b>6104 BELLEZA LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOCA RATON FL</b>	City & State <b>BOCA RATON FL</b>
Zip <b>33433</b>	Zip <b>33433</b>
Country <b>PALM BEACH</b>	Country <b>PALM BEACH</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0412454</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HANDMAN, JEROME L 7327 VIALE ANGELO DELRAY BEACH FL 33446</b>		7. Name and Address of New Registered Agent Name <b>GLORIA HANDMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6104 BELLEZA LANE</b> City <b>BOCA RATON FL</b> Zip Code <b>33433</b>	
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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  Gloria B. Handman DATE  4-17-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HANDMAN, JEROME L 7327 VIALE ANGELO DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HANDMAN, GLORIA B 7327 VIALE ANGELO DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Gloria B. Handman DATE  4-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #