

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000080984

1. Entity Name
SPECIALTY CJM, INC.



Principal Place of Business Mailing Address

6415 N.W. 82ND AVE. 6415 N.W. 82ND AVE.
 PARKLAND FL 33067 PARKLAND FL 33067
 US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

4. FEI Number **65-0451154** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

ORETSKY, MITCHELL
3410 PARK CENTRAL BLVD
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORETSKY, MITCHELL	
STREET ADDRESS	3410 PARK CENTRAL BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORETSKY, CLIFFORD	
STREET ADDRESS	3410 PARK CENTRAL BLVD., N.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESANTIS, JOSEPH	
STREET ADDRESS	3410 PARK CENTRAL BLVD., N.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000841229	
CITY-ST-ZIP	03/10/08-80008-024 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mitchell Oretsky* UP 2/25/08 954-968-2900

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