


# 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

Zip Country Zip Country



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 Daying Phone #