

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90139 027 \*\*\*550.00

**DOCUMENT # P95000010802**

1. Entity Name  
 C.J.F. 5, INC.



Principal Place of Business      Mailing Address

6915 RED RD      6915 RED RD  
 SUITE #211      SUITE #211  
 CORAL GABLES, FL 33143      CORAL GABLES, FL 33143

2. Principal Place of Business      3. Mailing Address

8770 Sunset Dr      8770 Sunset Dr  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 #512      #512

City & State      City & State

MIAMI FL      MIAMI FL

Zip      Country      Zip      Country

33173-3512      U.S.A.      33173-3512      U.S.A.

40099274



07102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

65-0555575      Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTI, CHARLES J JR  
 6915 RED RD  
 SUITE #211  
 CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1800 MICADOPY

City      State      Zip Code

MIAMI      FL      33133

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 signature required when reinstating)

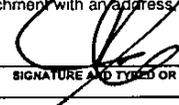
**FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JAMES 6915 RED ROAD #211 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21259 JADE DR ROCKY MOUNT, MO 65072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALENTI JR., CHARLES 6915 RED ROAD #211 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 MICADOPY MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTI, FRANK 6915 RED ROAD #211 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 472 BETHANY CT VALLEY PARK MO 63088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DETON, ROBERT 6915 RED ROAD #211 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14240 S.W. 73 ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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:       Date: CHARLES VALENTI 7/14/06 (305) 205-9994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #