

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

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

40099274



2. Principal Place of Business

3. Mailing Address

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

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

07102006

Chg-P

CR2E034 (11/05)

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

65-0555575

Applied For

Not Applicable

Zip  
33173-3512

Country  
U.S.A.

Zip  
33173-3512

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

1800 MICADOPY

City  
MIAMI

FL

Zip Code  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
21259 JADE DR  
ROCKY MOUNT, FL 32072 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
VALENTI JR., CHARLES  
6915 RED ROAD #211  
CORAL GABLES, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1800 MICADOPY  
MIAMI, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
VALENTI, FRANK  
6915 RED ROAD #211  
CORAL GABLES, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
472 BETHANY CT  
VALLEY PARK, MO 63088 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DETHON, ROBERT  
6915 RED ROAD #211  
CORAL GABLES, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
14240 S.W. 73 ST  
MIAMI, FL 33183 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES VALENTI 7/14/06 (305) 205-9954

Date

Daytime Phone #