2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2005 08:00 AM DOCUMENT # P96000034367 **Secretary of State** KBJ ENTERPRISE, INC. Principal Place of Business Mailing Address 5423 NO. STATE ROAD SEVEN TAMARAC FL 33319 5423 NO. STATE ROAD SEVEN TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 65-0660467 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODGERS, KENNETH S 5423 NO. STATE ROAD SEVEN Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 Zip Code 8. The above named entity submits this statement for the purpose of changing Tts 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 relinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ILTLE DDF Change ☐ Delete RODGERS, KENNETH B NAME NAME 8052 NW 72ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33321 CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change DAVIS, BRADLEY P NAME NAME STREET ADDRESS STREET ADDRESS 431 S. HIATUS ROAD CITY-ST-ZIP PLANTATION FL 33325 CHY-ST-7IP Change Addition Delete TITLE D TITLE UN0000257320 U3/09/05-80049-010 155.00 MAME NAME DAVIS, VIRGINIA J STREET ADDRESS STREET ADDRESS 431 S. HIATUS ROAD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(1), 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 tragtee 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 pither like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED