


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000041161 1. Entity Name C.J. RITZ, INC.	
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Principal Place of Business 101 SPORTSMAN ROAD ROTANDA WEST, FL 34223	Mailing Address 101 SPORTSMAN ROAD ROTANDA WEST, FL 34223
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DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 PM 1:05



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0666757	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PETERSEN, CHERYL J 101 SPORTSMAN ROAD ROTANDA WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSEN, WALTER O 101 SPORTSMAN ROAD ROTANDA WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESTATEMENT <i>67</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B10/31/07</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

600111649896
11/02/07--01051--019 **150.00

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 an officer like empowered.	
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____