


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90050 013 \*\*\*158.75

<b>DOCUMENT # P96000071779</b>	
1. Entity Name <b>CJM FINANCING, INC.</b>	

Principal Place of Business 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308	Mailing Address 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308
--	--



2. Principal Place of Business 3415 Galt Ocean Drive Suite, Apt. #, etc. Suite 370 City & State Fort Lauderdale, Florida Zip 33308 Country USA	3. Mailing Address 3415 Galt Ocean Drive Suite, Apt. #, etc. Suite 370 City & State Fort Lauderdale, Florida Zip 33308 Country USA
---	---

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0695799	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIMNA, CURTIS 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3415 Galt Ocean Drive, Suite 370 City Fort Lauderdale FL Zip Code 33308	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP MIMNA, CURTIS 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3415 Galt Ocean Drive, Suite 370 Fort Lauderdale, Florida 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BARKER, PRISCILLA 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3415 Galt Ocean Drive, Suite 370 Fort Lauderdale, Florida 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARKER, PRISCILLA 3706 N OCEAN BLVD, STE 370 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3415 Galt Ocean Drive, Suite 370 Fort Lauderdale, Florida 33308
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
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 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: Curtis John Mimna Curtis John Mimna 1/24/06 954 537-3055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #