


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000083046	
1. Entity Name CBJ, INC.	

Principal Place of Business CHANGING FACES HAIR DESIGN 2145 AMERICANA BLVD ORLANDO, FL 32839 US	Mailing Address CBJ INC PO BOX 772112 ORLANDO, FL 32877
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DO NOT WRITE IN THIS SPACE




03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3409699	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HATCHER, JEFFERY 1826 CLACTON DR ORLANDO, FL 32837

DO NOT WRITE
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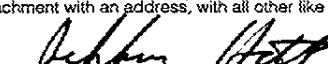
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 3/29/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT DARISO, CURTIS 1826 CLACTON DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS HATCHER, JEFFERY 1826 CLACTON DR ORLANDO, FL 32837
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04/12/04-80035-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 3/29/04 DAYTIME PHONE: 407-432-7732
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	