

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000016251

1. Entity Name
B & J ENTERPRISES GROUP, INC.



Principal Place of Business
**2701 BRYAN ROAD
HALLANDALE, FL 33009**

Mailing Address
**2701 BRYAN ROAD
HALLANDALE, FL 33009**

**FILED
Jan 13, 2005 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0729382	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLEN, ROBERT C 2701 BRYAN ROAD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALLEN, JUDITH C 2701 BRYAN ROAD HALLANDALE, FL 33009
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01/13/05-80040-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert C Allen **Robert C Allen**

1/10/05

954-981-2307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #