

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90997 043 \*\*\*150.00

**DOCUMENT # P97000052749**

1. Entity Name  
**CURAJAM, CORP.**



Principal Place of Business

**6320 MIRAMAR PKWY  
#B  
MIRAMAR, FL 33023 US**

Mailing Address

**6320 MIRAMAR PKWY  
#B  
MIRAMAR, FL 33023 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0761316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULLOCK, GARETH  
20 NW 60TH CT  
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | <b>ALEXANDER, ANDREW</b>  |                                 |
| STREET ADDRESS | <b>8430 W 23 CT</b>       |                                 |
| CITY-ST-ZIP    | <b>MIRAMAR, FL 33025</b>  |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | <b>ALEXANDER, JANELLA</b> |                                 |
| STREET ADDRESS | <b>8430 W 23 CT</b>       |                                 |
| CITY-ST-ZIP    | <b>MIRAMAR, FL 33025</b>  |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ANDREW ALEXANDER</b>  |  |
| STREET ADDRESS | <b>13000 SW 16 Ct.</b>   |  |
| CITY-ST-ZIP    | <b>DAVIE FL 33325</b>    |  |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>13000 SW 16 Court</b> |  |
| STREET ADDRESS | <b>DAVIE, FL 33325</b>   |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #