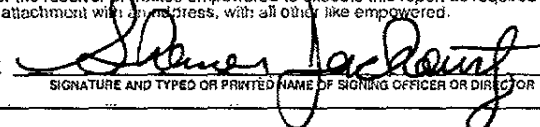


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000071826 1. Entity Name SJ CONCEPTS, INC.																					
Principal Place of Business 8004 NW 154 STREET 162 MIAMI LAKES, FL 33016 US	Mailing Address 8004 NW 154 STREET 162 HIALEAH, FL 33016 US																				
DO NOT WRITE IN THIS SPACE		04292004 No Chg-P CR2E034 (10/03)																			
4. FEI Number 65-0777619		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable																	
Applied For																					
Not Applicable																					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE																			
6. Name and Address of Current Registered Agent JACKOWITZ, SHARON 8004 NW 154 ST STE 162 MIAMI LAKES, FL 33016																					
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 re-registering) 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	000000150952 05/04/04-80026-019 150.00																			
10. OFFICERS AND DIRECTORS																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">D</td> <td>JACKOWITZ, SHARON</td> </tr> <tr> <td>8004 NW 154 ST STE 162</td> <td></td> </tr> <tr> <td>MIAMI LAKES, FL 33016</td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	D	JACKOWITZ, SHARON	8004 NW 154 ST STE 162		MIAMI LAKES, FL 33016															
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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: 		4/29/04 305 826-8760 Date Daytime Phone #																			