

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 024 ***150.00

DOCUMENT # P97000082214

1. Entity Name
C.J.T.S. HOLDING, INC.



Principal Place of Business
2014 E. 7TH AVE
TAMPA, FL 33605

Mailing Address
2014 E. 7TH AVE
TAMPA, FL 33605

40105741



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3480035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CAPITANO, JAMES P.~~ *Antoinette Capitano*
2014 A E 7TH AVENUE
TAMPA, FL 33605

**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 *Antoinette V. Capitano*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAPITANO, ANTOINETTE
STREET ADDRESS 2014 E 7TH AVENUE
CITY-ST-ZIP TAMPA, FL 33605

TITLE V
NAME ~~CAPITANO, SAMUEL~~ *CATHERINE SANCHEZ*
STREET ADDRESS 2014 E 7TH AVE
CITY-ST-ZIP TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Antoinette V. Capitano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08 *813-2482994*
Date Daytime Phone #