

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
03-13-2002 90123 046 \*\*\*150.00

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| <b>DOCUMENT #      P98000035593</b>   |  |
| <b>1. Entity Name</b><br>C.J. DEVELOPMENT OF SOUTH FLORIDA, INC.  |  |
| <b>Principal Place of Business</b><br>10300 SUNSET DRIVE. #470-J<br>MIAMI FL 33116  | <b>Mailing Address</b><br>P.O. BOX 16-0994<br>MIAMI FL 33173                                       |
| <b>2. Principal Place of Business</b>   |  |
| Suite, Apt. #, etc.   |  |
| City & State  |  |
| Zip   | Country  |
| <b>3. Mailing Address</b>   |  |
| Suite, Apt. #, etc.   |  |
| City & State  |  |
| Zip   | Country  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |
| PEREIRA, JOSEPH A JR.<br>10300 SUNSET DRIVE, #470-J<br>MIAMI FL 33116   |  |
| Name  |  |
| Street Address  |  |
| City  |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>  |  |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b><br>(See criteria on back) <input checked="" type="checkbox"/>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>   |  |
| <b>11. OFFICERS AND DIRECTORS</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>CAMARAZA, JESUS<br>13190 S.W. 194 AVENUE<br>MIAMI FL 33186 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |
| <b>12.</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 98<br>1  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of a declaration of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, F.S., changed, or on an attachment with an address, with all other like empowered.</b> |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |