

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000081874 1. Entity Name C & J SERVICES, INC.	
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Principal Place of Business 11020 PEMBROKE RD SUITE 185 HOLLYWOOD, FL 33025	Mailing Address 11020 PEMBROKE RD SUITE 185 HOLLYWOOD, FL 33025
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04262006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0749539	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMARO, JORGE L 11020 PEMBROKE RD SUITE 185 PEMBROKE PINES, FL 33025

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000549442
05/13/06-80021-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARO, JORGE L 11020 PEMBROKE RD SUITE 185 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARO, CLARA R 11020 PEMBROKE RD SUITE 185 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/06** Daytime Phone # **(954) 441-5494**