

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003578

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: CJX2 INSURANCE SERVICES, INC.

## Current Principal Place of Business:

22917 OLD INLET BRIDGE DR.  
BOCA RATON, FL 33433

## New Principal Place of Business:

18619 OCEAN MIST DRIVE  
BOCA RATON, FL 33433

## Current Mailing Address:

22917 OLD INLET BRIDGE DR.  
BOCA RATON, FL 33433

## New Mailing Address:

18619 OCEAN MIST DRIVE  
BOCA RATON, FL 33433

FEI Number: 65-0897245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNETT, JOSH N ESQ.  
100 S. BISCAYNE BLVD., STE. 1050  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HEMPHILL, CHARLES  
Address: 22917 OLD INLET BRIDGE DR.  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HEMPHILL, CHARLES  
Address: 18619 OCEAN MIST DRIVE  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HEMPHILL

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date