

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000106858

1. Entity Name

BJA SALES & MARKETING, INC.



Principal Place of Business

**16045 S.W. 89TH AVENUE/ROAD
MIAMI, FL 33157**

Mailing Address

**16045 S.W. 89TH AVENUE/ROAD
MIAMI, FL 33157**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0968194

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

**FERNANDEZ, JORGE
16045 S.W. 89TH AVENUE/ROAD
MIAMI, FL 33157**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000325908

04/23/05-80036-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, JORGE
STREET ADDRESS	16045 S.W. 89TH AVENUE/ROAD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VD
NAME	FERNANDEZ, EMELINA L
STREET ADDRESS	16045 S.W. 89TH AVENUE/ROAD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 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

Daytime Phone #

JORGE FERNANDEZ 4/18/05 3052342355