

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S62902	
1. Entity Name C.J.F. GRAND, INC.	
Principal Place of Business 6915 RED ROAD SUITE 211 CORAL GABLES, FL 33143	Mailing Address 6915 RED ROAD SUITE 211 CORAL GABLES, FL 33143



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1582642	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

VALENTI, CHARLES J., JR.
6915 RED ROAD
SUITE 211
CORAL GABLES, FL 33143

**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

000000143486

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/30/04-80094-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, JAMES W.
STREET ADDRESS	1915 BRICKELL AVE #811-C
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DST
NAME	VALENTI, CHARLES J., JR.
STREET ADDRESS	6915 RED ROAD SUITE 211
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DV
NAME	VALENTI, FRANK J.
STREET ADDRESS	14449 WILLOWBEND PARK
CITY-ST-ZIP	CHESTERFIELD, MO
TITLE	DV
NAME	DE TCHON, ROBERT S.
STREET ADDRESS	14540 SW 73TH STREET
CITY-ST-ZIP	MIAMI, FL
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

CHARLES VALENTI

4/23/04 (305) 284-9966

Date

Daytime Phone #