


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # V57694 1. Entity Name GJM ASSOCIATES, INC.			
Principal Place of Business 1440 CORAL RIDGE DRIVE #299 CORAL SPRINGS, FL 33071 US		Mailing Address 1440 CORAL RIDGE DRIVE #299 CORAL SPRINGS, FL 33071 US	
DO NOT WRITE IN THIS SPACE		03302005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0351620 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEIR, MARCIA 1440 CORAL RIDGE DRIVE STE #299 CORAL SPRINGS, FL 33071		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	BEIR, MARCIA		
STREET ADDRESS	1440 CORAL RIDGE DRIVE, #299		
CITY-ST-ZIP	CORAL SPRINGS, FL		
TITLE	V		
NAME	BEIR, GARRY		
STREET ADDRESS	1440 CORAL RIDGE DR #299		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		000000282975 04/01/05-80010-002 150.00	
SIGNATURE: <u>Garry Beir</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/30/05 954-344-0533 Date Daytime Phone #	