

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90002 048 ***158.75

DOCUMENT # P97000053345



1. Entity Name
T2-J ENTERPRISES, INC.

04057903

Principal Place of Business: 300 NE 125TH STREET APT #406 MIAMI FL 33161
 Mailing Address: PO BOX 11-0824 MIAMI FL 33161



MOORE CR2E034 (4/04)

2. Principal Place of Business: **813 Lavender Circle**
 Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 612618**
 Suite, Apt. #, etc.

City & State: **Weston FL** City & State: **North Miami, FL** 4. FEI Number: **65-0757424** Applied For: Not Applicable:
 Zip: **33327** Country: **USA** Zip: **33261-2618** Country: **USA** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **ADAMS, PETEY L. 300 NE 125TH STREET APT #406 MIAMI FL 33161**
 7. Name and Address of New Registered Agent: Name: **Adams, Petey L.** Street Address (P.O. Box Number is Not Acceptable): **813 Lavender Circle** City: **Weston FL** Zip Code: **33327**

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 \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State
 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PCEO <input type="checkbox"/> Delete	NAME: ADAMS, PETEY L.	TITLE: PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 300 NE 125TH STREET	CITY-ST-ZIP: MIAMI FL 33161	NAME: Adams, Petey L.	
		STREET ADDRESS: 813 Lavender Circle	
		CITY-ST-ZIP: Weston, FL 33327	
TITLE: VPGM <input type="checkbox"/> Delete	NAME: WALKER, TERRY R.		
STREET ADDRESS: 9130 S FIGUEROA ST #312	CITY-ST-ZIP: LOS ANGELES CA 90003		

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: Pete L. Adams Date: 6/13/04 (286) 683-6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #