


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90023 045 \*\*\*150.00

**DOCUMENT # M39997**

1. Entity Name  
**P.J.M.A. ENTERPRISES INC.**



Principal Place of Business  
**C/O CECIL GOFF  
 941 TANGLEWOOD CIRCLE  
 WESTON FL 33327  
 US**

Mailing Address  
**C/O CECIL GOFF  
 941 TANGLEWOOD CIRCLE  
 WESTON FL 33327  
 US**

2. Principal Place of Business  
**10111 NW 24 PL.**

3. Mailing Address  
**10111 NW 24 PL.**

Suite, Apt. #, etc.  
**Apt. 105 Bldg. 197**

City & State  
**Sunrise, FL.**

Zip  
**33322-6881**

Country  
**US.**



MOORE CR2E034 (11/03)

4. FEI Number  
**NO-T APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FAYAD, AFIF NAGIB  
 1541 ELM GROVE ROAD  
 WESTON FL 33327**

7. Name and Address of New Registered Agent

Name  
**Fayad, Afif Nagib**

Street Address (P.O. Box Number is Not Acceptable)  
**10111 NW 24 PL.  
 Apt. 105 Bldg. 197**

City  
**Sunrise, FL**

Zip Code  
**33322-6881**

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 *Afif N. Fayad* **AFIF N. Fayad** DATE 2/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIGUEL, PEDRO J 941 TANGLEWOOD CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGUEL, LILIA SLEBI DE 941 TANGLEWOOD CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLEBI, LILIA MIGUEL 941 TANGLEWOOD CIRCLE WESTON FL 33327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAYAD, AFIF NAGIB 1541 ELM GROVE ROAD WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miguel, Pedro J 10111 NW 24 PL, Apt. 105 Bldg. 197 Sunrise, FL, 333-226881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Miguel, Lilia Slebi De 10111 NW 24 PL Apt. 105, Bldg 197 Sunrise, FL, 333-226881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fayad, Afif Nagib 10111 NW 24 PL, Apt. 105, Bldg. 197 Sunrise, FL, 33322-6881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Afif N. Fayad* **AFIF N. Fayad** Secretary/Director DATE 2/23/04 (703) 897-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #