


FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90082 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M39997	
1. Entity Name P.J.M.A. ENTERPRISES INC.	

Principal Place of Business C/O CECIL GOFF 10111 NW 24 PL., APT. 105 BLDG 197 SUNRISE, FL 33322-6881 US	Mailing Address C/O CECIL GOFF 10111 NW 24 PL., APT. 105 BLDG 197 SUNRISE, FL 33322-6881 US
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06292005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAYAD, AFIF NAGIB
10111 NW 24 PL.
APT. 105 BLDG 197
SUNRISE, FL 33322-6889

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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 is typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIGUEL, PEDRO J 10111 NW 24 PL., APT. 105 BLDG 197 SUNRISE, FL 333226881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGUEL, LILIA BLEBI DE 10111 NW 24 PL., APT. 105 BLDG 197 SUNRISE, FL 333226881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAYAD, AFIF NAGIB 10111 NW 24 PL., APT. 105 BLDG 197 SUNRISE, FL 333226881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Samuel Miguel</i> <i>10111 NW 24 PL. Apt 105 Bldg 197</i> <i>Sunrise, FL 333226881</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 NAGIB FAYAD* 7/5/05 (703) 897-1331
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR