


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90018 032 ***150.00


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



Principal Place of Business 8061 ROYAL PALM CIR TAMARAC, FL 33321 US	Mailing Address 8061 ROYAL PALM CIR TAMARAC, FL 33321 US
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DO NOT WRITE IN THIS SPACE

90027040



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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

FAYAF, AFIF N
 8061 ROYAL PALM CIR
 APT. 105 BLDG 197
 TAMARAC, FL 33321

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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, 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, 2007 Fee will be \$550.00

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 8061 ROYAL PALM CIR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGUEL, LILIA SLEBIDE 8061 ROYAL PALM CIR TAMARAC, FL 33321 DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAYAD, AFIF NAGIB 8061 ROYAL PALM CIR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGUEL, SAMUEL 8061 ROYAL PALM CIR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGUEL, ANGIE 8061 ROYAL PALM CIRCLE TAMARAC, FL. 33321
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 exemptions contained in Chapter 119, 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: Ci Fayad Afif M Fayad SO Feb. 29/07 (954) 724-9264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #