

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 039 ***550.00

DOCUMENT # 378956

1. Entity Name
P.M.J. CORPORATION



Principal Place of Business
**19790 W DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US**

Mailing Address
**19790 W DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US**

54062161



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1362068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POULOS, JACK M.
19790 W DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180**

**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

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

DATE

**FILE NOW!!! - FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POULOS, JACK M
STREET ADDRESS	19790 W DIXIE HIGHWAY
CITY - ST - ZIP	NORTH MIAMI BEACH, FL
TITLE	D
NAME	POULOS, ANTHONY
STREET ADDRESS	2910 NE 214TH ST
CITY - ST - ZIP	NORTH MIAMI BCH, FL
TITLE	VTSD
NAME	POULOS, HARRY
STREET ADDRESS	3745 NE 171ST ST #3
CITY - ST - ZIP	NORTH MIAMI BCH, FL
TITLE	D
NAME	POULOS, MICHAEL J
STREET ADDRESS	8918 219TH ST.
CITY - ST - ZIP	QUEENS VILLAGE, NY 11427
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #