


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003197 1. Entity Name SJS WEST PALM BEACH DEVELOPERS, INC.	
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Principal Place of Business 1110 WYNWOOD AVENUE CHERRY HILL, NJ 08002	Mailing Address 1110 WYNWOOD AVENUE CHERRY HILL, NJ 08002
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2805290	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 LAZOVITZ, STEPHEN 1110 WYNWOOD AVENUE CHERRY HILL, NJ 08002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CRAVITZ, STEPHEN 1110 WYNWOOD AVENUE CHERRY HILL, NJ 08002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DILORENZO, JOSEPH 1110 WYNWOOD AVENUE CHERRY HILL, NJ 08002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BROWN, LENARD 1110 WYNWOOD AVENUE CHERRY HILL, NJ 08002
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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01/26/05-80023-022 150.00

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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 #