## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Aug 26, 2005 08:00 AM Secretary of State DOCUMENT # F04000006882 1. Entity Name PAJ CORPORATION Principal Place of Business Mailing Address 4915 MAIN STREET DOWNERS GROVE IL 60515 14207 WHOOPING CRANE LANE ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (5/05) 2nd MOORE City & State City & State 4. FEI Number Applied For 30-0009635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINKUS, JOYCE 14207 WHOOPING CRANE LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32824 City Zip Code FI 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 Signalute, 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 S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CS HILE III E Change ☐ Delete ☐ Addition PINKUS, JOYCE NAME NAME STREET ADDRESS 14207 WHOOPING CRANE LANE STREET ADDINESS ORLANDO FL 32824 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition DIE NAME PINKUS, ARNIE NAME 14207 WHOOPING CRANE LANE SUBJECT ADDRESS STREET ADDRESS ORLANDO FL 32824 CITY-ST-76 CHTY+ST+ZIE THEF ☐ Delete Brit F ☐ Change ☐ Addition N:AMF AMIL U00000377217 03/26/05-80005-001 155.00 CIRLL ADDRESS STREET ADDRESS City-St-ziP CHY-ST-7/F HILL ☐ Delete Tritte ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIF HILL Delete Tritt ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS DIY-SI-70 CITY-ST-ZIP THE ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

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