


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # J41119 1. Entity Name P. T. J., INC.	
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Principal Place of Business % SOCRATIS PORFIRIS 6175 SW 45TH ST. DAVIE, FL 33314	Mailing Address % SOCRATIS PORFIRIS 6175 SW 45TH ST. DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2740370	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

PORFIRIS, SOCRATIS
6175 SW 45TH ST.
DAVIE, FL 33314

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORFIRIS, SOCRATIS 6175 SW 45TH ST. DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PORFIRIS, MARGARET 6175 SW 45TH ST. DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORFIRIS, PETER 6175 SW 45TH ST DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORFIRIS, THEODORE 6175 SW 45TH ST DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000308176
04/15/05-80085-007 150.00

**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)(f), 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: Margaret Porfiris 4/13/05 954 5832637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #