


2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90274 021 ***150.00

DOCUMENT # K31125	
1. Entity Name J. PILMAUER INC	

DO NOT WRITE IN THIS SPACE

20041480

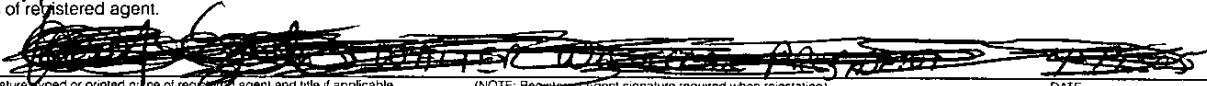
2. Principal Place of Business 282 CAPRI AVENUE Suite, Apt. #, etc. 282 CAPRI AVENUE	3. Mailing Address 282 CAPRI AVENUE Suite, Apt. #, etc. 282 CAPRI AVENUE
City & State LAUDERDALE BY THE SEA FL	City & State LAUDERDALE BY THE SEA FL
Zip 33308	Country U.S.A.
Zip 33308	Country USA

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FEI Number 65-0066020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

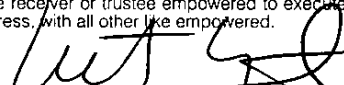
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7. Name and Address of Current Registered Agent	
Name WOJTCZAK WALTER W.	
Street Address (P.O. Box Number is Not Acceptable) 282 CAPRI AVENUE	
City LAUDERDALE BY THE SEA	FL Zip Code 33308

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 4/19/05
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT - P	NAME WOJTCZAK, WALTER W	TITLE	NAME
STREET ADDRESS 282 CAPRI AVENUE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SECRETARY - S	NAME WOJTCZAK, EMMA	TITLE	NAME
STREET ADDRESS 282 CAPRI AVENUE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WALTER WOJTCZAK PRESIDENT
Date 4-19-05	Daytime Phone # 954-772-2914

CR2E034B (12/02)