

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90162 040 \*\*\*150.00

**DOCUMENT # K31125**

1. Entity Name  
J. PILMAUR INC.



Principal Place of Business  
282 CAPRI AVE.  
LAUDERDALE BY SEA, FL 33308

Mailing Address  
282 CAPRI AVE.  
LAUDERDALE BY SEA, FL 33308

**60032385**



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0066020

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WOJTCZAK, WALTER W.  
282 CAPRI AVE  
LAUDERDALE-BY-THE-SEA, FL 33308

**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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WOJTCZAK, WALTER
STREET ADDRESS	282 CAPRI AVE.
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308
TITLE	S
NAME	WOJTCZAK, EMMA
STREET ADDRESS	282 CAPRI AVE.
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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

4-12-08

Date

954-772-2914

Daytime Phone #