
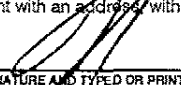


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L60429</b>		
1. Entity Name PAJMM, INC.		
Principal Place of Business PETER S. CAHALL 300 INT'L PKWY #270 HEATHROW, FL 32746		Mailing Address PETER S. CAHALL 300 INT'L PKWY #270 HEATHROW, FL 32746
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CAHALL, PETER S. 300 INTERNATIONAL PKWY SUITE 270 HEATHROW, FL 32746		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	CAHALL, PETER S.	
STREET ADDRESS	300 INT'L PKWY #270	
CITY - ST - ZIP	HEATHROW, FL	
TITLE	D	
NAME	CAMPISI, JAMES M.	
STREET ADDRESS	300 INT'L PKWY #270	
CITY - ST - ZIP	HEATHROW, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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)(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:  <b>Peter S. Cahall</b>		<b>4/14/05</b> <b>(407) 333-2905</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3022274

Applied For
Not Applicable

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

U00000350900  
05/02/05-80124-008 150.00

**DO NOT WRITE  
IN THIS SPACE**