


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 007 ***150.00

DOCUMENT # M27784 1. Entity Name P.J.P. CORPORATION			
Principal Place of Business 2299 NW 28th ST MIAMI FL 33142		Mailing Address 2299 NW 28th ST MIAMI FL 33142	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2652505		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEGA, FELIPE 2662 NW 22nd CT MIAMI FL 33142		7. Name and Address of New Registered Agent Name: VEGA, PHILLIP Street Address (P.O. Box Number is Not Acceptable): 14273 SW 9th TERRACE City: MIAMI FL Zip Code: 33184	
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: <i>Phillip Vega</i> (NOTE: Registered Agent signature required when registering) DATE:			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: VEGA, FELIPE STREET ADDRESS: 2262 NW 22nd CT CITY-ST-ZIP: MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE: VEGA, PHILLIP NAME: VEGA, PHILLIP STREET ADDRESS: 14273 SW 9th TERRACE CITY-ST-ZIP: MIAMI FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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: <i>Phillip Vega</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/25/05 <small>Date</small>	305-635-4056 <small>Daytime Phone #</small>



03252005 Chg-P CR2E034 (10/03)