

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90103 021 \*\*\*150.00

**DOCUMENT # M39997**

1. Entity Name  
**P.J.M.A. ENTERPRISES INC.**



Principal Place of Business  
**C/O CECIL GOFF  
10111 NW 24 PL., APT. 105 BLDG 197  
SUNRISE, FL 33322-6881 US**

Mailing Address  
**C/O CECIL GOFF  
10111 NW 24 PL., APT. 105 BLDG 197  
SUNRISE, FL 33322-6881 US**

40000000



2. Principal Place of Business  
**8061 Royal Palm Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**8061 Royal Palm Circle**  
Suite, Apt. #, etc.

01132006 Chg-P CR2E034 (11/05)

City & State  
**TAMARAC, FL**  
Zip **FL 33321** Country **USA**

City & State  
**TAMARAC, FL**  
Zip **33321** Country **USA**

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

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

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

**FAYAD, AFIF NAGIB  
10111 NW 24 PL.  
APT. 105 BLDG 197  
SUNRISE, FL 33322-6889**

**7. Name and Address of New Registered Agent**

Name **FAYAD, AFIF N**  
Street Address (P.O. Box Number is Not Acceptable)  
**8061 Royal Palm Circle**  
City **TAMARAC** FL Zip Code **33321**

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, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **MIGUEL, PEDRO J**  
STREET ADDRESS **10111 NW 24 PL., APT. 105 BLDG 197**  
CITY-ST-ZIP **SUNRISE, FL 333226881**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MIGUEL, PEDRO J**  
STREET ADDRESS **8061 Royal Palm Circle**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VD** ☐ Delete  
NAME **MIGUEL, LILIA SLEBI DE**  
STREET ADDRESS **10111 NW 24 PL., APT. 105 BLDG 197**  
CITY-ST-ZIP **SUNRISE, FL 333226881**

TITLE **VD** ☒ Change ☐ Addition  
NAME **MIGUEL, LILIA SLEBI DE**  
STREET ADDRESS **8061 Royal Palm Circle**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **SD** ☐ Delete  
NAME **FAYAD, AFIF NAGIB**  
STREET ADDRESS **10111 NW 24 PL., APT. 105 BLDG 197**  
CITY-ST-ZIP **SUNRISE, FL 333226881**

TITLE **SD** ☒ Change ☐ Addition  
NAME **FAYAD, AFIF NAGIB**  
STREET ADDRESS **8061 Royal Palm Circle**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VD** ☐ Delete  
NAME **MIGUEL, SAMUEL**  
STREET ADDRESS **10111 NW 24 PL., APT. 105, BLDG. 197**  
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **VD** ☒ Change ☐ Addition  
NAME **MIGUEL, SAMUEL**  
STREET ADDRESS **8061 Royal Palm Circle**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**Jan. 10/05**

**(954) 724-9264**

Date Daytime Phone #

**AFIF N. Fayad**