



FILED
Apr 14, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # M73412 1. Entity Name P E J E, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 4041 SW 47TH AVE. FT. LAUDERDALE, FL 33314</div><div>Mailing Address 4041 SW 47TH AVE. FT. LAUDERDALE, FL 33314</div></div>		Secretary of State <div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">04062004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>4. FEI Number 65-0051111</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DORNAU, PETER 4041 SW 47TH AVE. FT. LAUDERDALE, FL 33314	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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reissuing)</div><div>DATE _____</div></div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<div style="font-family: monospace; font-size: 1.2em;">J000000112150 04/14/04-80010-025 150..00</div>
10. OFFICERS AND DIRECTORS		
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	DORNAU, PETER	
STREET ADDRESS	4041 SW 47TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE, FL	
TITLE	D	
NAME	TIEGER, JEFFREY	
STREET ADDRESS	4041 SW 47TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right; font-family: monospace; font-size: 1.2em;">4-12-04 9545876280</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>		