

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90005 030 ***150.00

DOCUMENT # P00000018920

1. Entity Name

PBJ INVESTMENT, INC.



Principal Place of Business

1531 NORTHEAST 35TH STREET
OAKLAND PARK FL 33334

Mailing Address

1531 NORTHEAST 35TH STREET
OAKLAND PARK FL 33334

Note change of address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0991803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 VTD ☐ Delete
NAME MARTIN, BETH B
STREET ADDRESS 1531 NORTHEAST 35TH STREET
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5705 44th AVE E
CITY-ST-ZIP BRADENTON FL 34203

TITLE PSD ☐ Delete
NAME MARTIN, PHILIP
STREET ADDRESS 1531 NORTHEAST 35TH STREET
CITY-ST-ZIP OAKLAND PARK FL 33334

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5705 44th AVE E
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 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:

Beth B Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04

Date

941-748-3067

Daytime Phone #

Atchamand

5240657680

P00000018920

To Whom It May Concern,
I requested a form via
mail on 7-6-04. I did not
receive any form. I was
told by phone-that being the
case-that the late fee
will be waived.

Sincerely,

Beth B Martin
Beth B Martin