

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED 132

06 NOV 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021609

1. Entity Name
PJAJ CORP.



Principal Place of Business

8447 SW 24 ST
MIAMI, FL 33155

Mailing Address

20321 NW 8 STREET
PEMBROKE PINES, FL 33029



7212006 \ No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0988393
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO
20321 NW 8 STREET
PEMBROKE PINES, FL 33029

**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.

SIGNATURE

Pedro Gonzales

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/17/2006
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, PEDRO
STREET ADDRESS 20321 NW 8 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE D
NAME GONZALEZ, JUDY
STREET ADDRESS 20321 NW 8 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500081029775
10/19/06--01041--012 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

Pedro Gonzales

10/17/2006
Date

Daytime Phone #

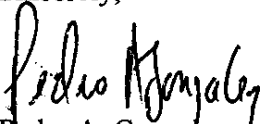
2/12

PJAJ, INC.
8447-A S.W. 24th Street
Miami, FL 33155
Cell: 786-357-3859

To Whom It May Concern:

I did not receive any of the annual report notices for 2006 and I am requesting the reinstatement fees to be waived because I did not receive prior notices.

Sincerely,


Pedro A. Gonzalez