

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 049 ***558.75

DOCUMENT # P00000096609

1. Entity Name
FLORIDA P.J. GROUP, INC.



Principal Place of Business Mailing Address
~~6730 WEST COMMERCIAL BLVD.~~
~~LAUDERHILL, FL 33319~~
12390 NW 8th St
PLANTATION, FL 33325
~~6730 WEST COMMERCIAL BLVD.~~
~~LAUDERHILL, FL 33319~~
12390 NW 8th St
PLANTATION, FL 33325

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1500 W. CYPRESS CK RD Suite 417/418 FT. LAUDERDALE, FL 33309
Suite, Apt. #, etc. Suite, Apt. #, etc.
417/418

City & State City & State
FT. LAUDERDALE, FL
Zip Country Zip Country
33309 USA 33

07112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1046614 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

JEAN-JOSEPH, KARNINE
~~6730 WEST COMMERCIAL BLVD.~~ **12390 NW 8th St**
~~LAUDERHILL, FL 33319~~
PLANTATION, FL 33325

Name **NONE**
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 *Jeannine Joseph* **07-12-07**
Signature, typed or printed name of registered agent and title, if applicable (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	JEAN-JOSEPH, KARNINE	6730 WEST COMMERCIAL BLVD. 12390 NW 8th St	LAUDERHILL, FL 33319 PLANTATION, FL 33325	<input type="checkbox"/> Delete
VP	JEAN-JOSEPH, CARLO	6730 WEST COMMERCIAL BLVD.	LAUDERHILL, FL 33319 REMOVED	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #