

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 030 ***150.00

DOCUMENT # P01000011865 1. Entity Name PJK HOLDINGS INC
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DO NOT WRITE IN THIS SPACE

94033172

2. Principal Place of Business FL Suite, Apt. #, etc. 736 HARBOUR ISLES WAY	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NORTH PALM BEACH FL	City & State	4. FEI Number 65-1075913	Applied For Not Applicable
Zip 33410	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name BANISTER, JOHN R	
Street Address (P.O. Box Number is Not Acceptable) 736 HARBOUR ISLES WAY	
City NORTH PALM BEACH	FL Zip Code 33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAVOORAS, PETER 736 HARBOUR ISLES WAY NORTH PALM BEACH, FL, 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAVOORAS, KATINA S 736 HARBOUR ISLES WAY NORTH PALM BEACH, FL, 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/15/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #