2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2006 8:00 am Secretary of State

DOCUMENT # P01000064907 1. Entity Name PPNJ ENTERTAINMENT, INC.								02-22-2006 90016 007 ***150.00				
Principal Place of Business 23101 SOUTH DIXIE HWY GOULDS, FL 33171			231	Mailing Address 23101 SOUTH DIXIE HWY GOULDS, FL 33171			,	.1				
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				I IZDIIZDI E	N WATER CLUSS MARKS MARKS		Ribith raist Africa SPA	1801 11 ISO1
								02082006	Chg-P	CR2E	034 (11/05)	
City & State			Cit	City & State				4. FEI Numb 65-113				plied For t Applicable
Zip	Country		Ziţ	Zip Cou		5. Certificate		of Status Desire	ed 🗌	\$8.75 Add Fee Required		
6. Name and Address of Current Regi								7. Name and Address of New Registered Agent				
MONTOTO, TEDDY L									n. Greg.		<u>, </u>	
7721 S.W. 62ND AVENUE SUITE 101						Street Ad			per is Not Accept		<u> </u>	
MIAMI, FL 33143						P	ייחכ	crest.	FL			
		¢				City	Pine	cvest	FL	FI	L Zincoo	56
			ment for the pur	pose of changing its	s register	ed office or	register	ed agent, or bo	oth, in the State o	Florida. I an	n familiar with,	and accept
the obligations of registered agent. SIGNATURE												
FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10. OFFICERS AND DIRECTORS									L /CHANGES TO (OFFICERS AN	ID DIRECTORS	S IN 11
TITLE .	DPST JUST PPNJ TRUST					E		ost LHULAS T	TIL/SL		☐ Change	Addition
STREET ADDRESS	23101 S. DIXIE HWY.					EET ADDRESS	231	01 SOUTH	DIKINS H	<i>w</i>		
CITY-ST-ZIP	MIAMI, FL 33170					-ST-ZIP	<u>Ca</u>	ura fo	23170		Change	CT Addition
TITLE NAME			•	☐ Delete	TITL NAM	ı					C. Crange	Addition
STREET ADORESS CITY-ST-ZIP						EET ADIDRESS '-ST-ZIP						ļ
TITLE	☐ Delete					E					☐ Change	Addition
NAME STREET ADDRESS	s					EET ADORESS						
CITY-ST-ZIP				· · ·	CITY	-ST-ZIP	····					
TITLE NAME				☐ Delete	TITL NAM						☐ Change	Addition
STREET ADORESS						EET ADORESS						
CITY-ST-ZIP	<u> </u>			☐ Detete	m	'-ST-ZIP			-	<u> </u>	Change	☐ Addition
NAME					NAM	Œ						
STREET ADORESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP						
TITLE				☐ Delete	ŦITL					•	☐ Change	Addition
NAME STREET ADDRESS					NAM STRI	IE Eet address						
CITY-ST-ZIP					CITY	-ST-ZIP						
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.												
M 1 1 1 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2												,
SIGNAT	UKE: _	1767	ALLA CONTROL OF	1 Succession	OD OFFICE	700			1-7		Deutime Phone #	