


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90315 023 \*\*\*150.00

<b>DOCUMENT # P01000097124</b> 1. Entity Name <b>P.J. &amp; C.D. RESTAURANT CORP.</b>					
Principal Place of Business <b>11432 NW 43 TERR MIAMI, FL 33178</b>		Mailing Address <b>11432 NW 43 TERR MIAMI, FL 33178</b>			
2. Principal Place of Business <b>2803 SW 144 COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>2803 SW 144 COURT</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b> Zip <b>33175</b>		City & State <b>MIAMI, FLORIDA</b> Zip <b>33175</b>		4. FEI Number <b>65-1142457</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OSCAR A. CABBERA, P.A. 9005 SW 168 CT. MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VARGAS, GLADYS</b> <b>11432 NW 43 TERR</b> <b>MIAMI, FL 33178</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2803 SW 144 COURT</b> <b>MIAMI, FL 33178</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VARGAS, FELIBERTO JR</b> <b>11432 NW 43 TERR</b> <b>MIAMI, FL 33178</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2803 SW 144 COURT</b> <b>MIAMI, FL 33178</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Gladys Vargas</i></u> <b>4/21/04 305-386-5382</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					