FILED
Aug 05, 2003 8:00 am
Secretary of State
07-14-2003 90171 043 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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[redacted]

DOCUMENT # P02000008383

1. Entity Name
P & J STRUCTURE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 126188 HIALEAH FL 33012-1603	P.O. BOX 126188 HIALEAH FL 33012-1603

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	2323 W 52 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah Florida
Zip / Country	Zip: 33016 / Country: USA

4. FEI Number: 94-3414870 ☐ Applied For ☐ 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
RIOS, PABLO J 1742 W 42 PLACE HIALEAH FL 33012	Name: Pablo J Rios Street Address (P.O. Box Number is Not Acceptable): 2323 W 52 ST City: Hialeah FL Zip Code: 33016

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 [signature] Registered Agent 7/8/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Pablo J Rios 2323 W 52 ST Hialeah FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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.

SIGNATURE: [signature] President 7/8/2003 305 28 4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #