


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000046924	
1. Entity Name PEYVAJ CORPORATION, INC.	

Principal Place of Business 12000 NW 20TH AVENUE MIAMI, FL 33167	Mailing Address 12000 NW 20TH AVENUE MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3051628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GINORY, JESUS E 12000 NW 20TH AVENUE MIAMI, FL 33167

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINORY, JESUS E 12000 NW 20TH AVENUE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, JUAN M 12000 N.W. 20TH AVENUE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, JUAN P 12000 NW 20TH AVENUE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLAR, JORGE A 2542 NW 79 STREET NORTH C-332 MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000359733
05/03/05-80079-024 150.00

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:	Date: 4/26/05	Daytime Phone #: 305-887-4185
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		