


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000032032 1. Entity Name TARJ ENTERPRISES, INC	
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Principal Place of Business 1015 ADMIRALS WALK VERO BEACH, FL 32963	Mailing Address 4412 5TH PLACE SW VERO BEACH, FL 32968
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04282006 No Chg-P CR2E034 (11/05)

4. FEI Number **04-3756491** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FULCHINI, KAREN S 1015 ADMIRALS WALK VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000545033
05/11/06-80056-024 150.00**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FULCHINI, KAREN
STREET ADDRESS	1015 ADMIRALS WALK
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	FULCHINI, GERARDO
STREET ADDRESS	1015 ADMIRALS WALK
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	SCOTT, LAURA V
STREET ADDRESS	14 RANNEY RD
CITY-ST-ZIP	LONG VALLEY, NJ 07853
TITLE	D
NAME	SCOTT, JAMES T
STREET ADDRESS	14 RANNEY RD
CITY-ST-ZIP	LONG VALLEY, NJ 07853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Gerardo Fulchini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 (772) 473-3489
Date Daytime Phone #