2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90191 026 ***150.00

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1. Entity Name
PJ 21, INC.

Principal Place of Business	Mailing Address
C/O THERREL BAISDEN, P.A. ONE SE 3RD AVE STE ~~2400~~ 2950 MIAMI, FL 33131	C/O THERREL BAISDEN, P.A. ONE SE 3RD AVE STE ~~2400~~ 2950 MIAMI, FL 33131

50001551

01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0049589
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ
C/O THERREL BAISDEN, P.A.
ONE SE 3RD AVE STE ~~2400~~ 2950
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, HARRY
STREET ADDRESS	10651 WEST OKEECHOBKE ROAD
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	D
NAME	JACOBS, SUZAN
STREET ADDRESS	10651 WEST OKEECHOBKE ROAD
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	D
NAME	JACOBS, KENNETH A
STREET ADDRESS	10651 WEST OKEECHOBKE ROAD
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-23-06 305 823 3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #