2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067603

Title:

Name:

Address: City-St-Zip: (X) Delete

10651 WEST OKEECHOBKE ROAD

JACOBS, KENNETH A

HIALEAH, FL 33018

FILED Apr 03, 2009 Secretary of State

Entity Name: PJ 21, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O THERREL BAISDEN, P.A. ONE SE 3RD AVE STE 2950 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** C/O THERREL BAISDEN, P.A. ONE SE 3RD AVE STE 2950 MIAMI, FL 33131 FEI Number: 20-0049589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEUERMAN, JONATHAN ESQ C/O THERREL BAISDEN, P.A. ONE SE 3RD AVE STE 2950 MIAMI, FL 33131 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JACOBS, HARRY JACOBS, SUZAN Name: Name: 10651 WEST OKEECHOBKE ROAD C/O JFEUERMAN, ONE SE 3RD AVE SUITE 2950 Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip: MIAMI, FL 33131 () Delete Title: Title: (X) Change () Addition Name: JACOBS, SUZAN Name: JACOBS, SUZAN 10651 WEST OKEECHOBKE ROAD C/O JFEUERMAN, ONE SE 3RD AVE SUITE 2950 Address: Address: MIAMI, FL 33131 City-St-Zip: HIALEAH, FL 33018 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUZAN JACOBS FARBER **PRES** 04/03/2009

() Change () Addition