2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000091747

1. Entity Name
PBJ OF COOPER CITY, INC.

Principal Place of Business
9588 GRIFFIN ROAD
COOPER CITY, FL 33328

Mailing Address
9588 GRIFFIN ROAD
COOPER CITY, FL 33328

04112006 | No Chg-P | CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2107096
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOSSE, PAUL
9588 GRIFFIN ROAD
COOPER CITY, FL 33328

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

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	P
NAME	BOSSE, PAUL
STREET ADDRESS	5004 SOUTHWEST 104TH AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	VP
NAME	CIAVARELLA, JOSEPH
STREET ADDRESS	3511 OTTAWA LANE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	S
NAME	DONATO, LINDA S
STREET ADDRESS	8674 SW 51 ST
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	T
NAME	BARR, IRMA
STREET ADDRESS	10408 SOUTHWEST 49TH PLACE
CITY-ST-ZIP	COOPER CITY, FL 33328
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: Paul Bosse — 4/15/06 — 954-252-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #