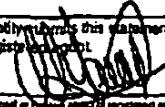
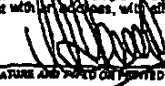


FILED
Mar 31, 2005 8:00 am
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P04000054650			
1. Entity Name P J A ANTIQUE GALLERY & INTERIORS, INC.			
Principal Place of Business 1433 OBISPO AVE CORAL GABLES FL 33134		Mailing Address 1433 OBISPO AVE CORAL GABLES FL 33134	
2. Principal Place of Business <i>THE SAME</i> Suite, Apt #, etc.		3. Mailing Address <i>THE SAME</i> Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 242-1624640		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASSER FELIX J 1433 OBISPO AVE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name <i>THE SAME</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies 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  Signature, Print or Elected name of registered agent and title if applicable		DATE <i>FEB 2 / 2005</i> NOTE: Registered Agent signature required when terminating	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
101 NAME GAINZA, ANTONIO M STREET ADDRESS 1433 OBISPO AVE CITY-STATE-ZIP CORAL GABLES FL 33134	☐ Delete	111 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addto
102 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	112 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addto
103 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	113 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addto
104 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	114 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addto
105 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	115 NAME NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addto
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 another like empowered.			
SIGNATURE:  SIGNATURE AND PRINT OR Elected NAME OF SIGNED OFFICER OR DIRECTOR		DATE: _____ Corporate Phone # _____	