

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90096 037 \*\*\*150.00

**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

1433 OBISPO AVE

Suite, Apt. #, etc.

3. Mailing Address

1433 OBISPO AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CORAL GABLE

Zip

33134

Country

FLA

City & State

CORAL GABLES

Zip

33134

Country

FLA

4. FEI Number

42-1624640

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

NASSER, FELIX J

Street Address (P.O. Box Number is Not Acceptable)

1433 OBISPO AVE

CORAL GABLES FL

City

FL

Zip Code  
33134

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

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**

**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

TITLE D  
NAME GAINZA, ANTONIO M  
STREET ADDRESS 1433 OBISPO AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GAINZA, ANTONIO M  
STREET ADDRESS 1433 OBISPO AVE  
CITY-ST-ZIP CORAL GABLES 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25/06