2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF LIGHTING OFFICER OR D

Feb 29, 2008 8:00 am Secretary of State DOCUMENT # P04000140510 1. Entity Name 02-29-2008 90023 046 ***158.75 PJ'S RESULTS GROUP, INC. Principal Place of Business Mailing Address 3640 YACHT CLUB DR. 3640 YACHT CLUB DR. **AVENTURA FL 33180** AVENTURA FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 20-1774079 Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, PHILIP C Street Address (P.O. Box Number is Not Acceptable) 8551 WEST SUNRISE BLVD. STE. 208 FT. LAUDERDALE FL 33322 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or princed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D&P ☐ Delete TITLE Change. ☐ Addition NAME SHERBAN, PATRICIA NAME STREET ADDRESS 511 SE 5TH AVENUE #2513-STREET ADDRESS FT: LAUDERDALE EL 33301. CITY-ST-ZIP CITY-ST-ZIP TITLE 3640 VACHI-CLUBDR 🗆 Delete TITLE ☐ Change ☐ Addition MARAF NAME STREET ADDRESS STREET ADDRESS AVENTURA, 7 La 33180 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE Delete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME MALI STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED

Davanie Fronce