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Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90153 007 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000158580

1. Entity Name
PJR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8811 NW 11TH STREET PEMBROKE PINES, FL 33024	8811 NW 11TH STREET PEMBROKE PINES, FL 33024

02062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
10020 Sheridan St. #310		10020 Sheridan St. #310	
Suite, Apt. #, etc: #310		Suite, Apt. #, etc: #310	
City & State: Pembroke Pines		City & State: Pembroke Pines	
Zip: FL	Country: Broward 33024	Zip: FL	Country: Broward

4. FEI Number: 20-1920803 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RIORDEN, PHYLLIS J
8811 NW 11TH STREET
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
Name: Same person
Street Address (P.O. Box Number is Not Acceptable): 10020 Sheridan St #310
City: Pembroke Pines FL Zip Code: 33024

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: Phyllis J. Riorden DATE: 2/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIORDEN, PHYLLIS J	NAME	
STREET ADDRESS	8811 NW 11TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Phyllis J. Riorden 2/14/05 954-802-7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #