

FILED
Feb 28, 2006 8:00 am
Secretary of State

01-26-2006 90037 043 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000137795					
1. Entity Name PJ235, INC.					
Principal Place of Business 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410			Mailing Address 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01122008 Chg-P CR2E034 (11/05) 4. FSI Number 203597213 <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARASMO, JANET BABER 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410				Name Phyllis M. Allister Street Address (P.O. Box Number is Not Acceptable) 10280 Allamanda Blvd City Palm Beach Gardens FL Zip Code 33410	
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] DATE 1/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARASMO, JANET BABER			NAME	
STREET ADDRESS	10280 ALLAMANDA BLVD.			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALLISTER, PHYLLIS S.			NAME	
STREET ADDRESS	10280 ALLAMANDA BLVD.			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 its predecessor 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]				Date 1/13/06 Daytime Phone # 561 832 8288	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

66003069



01122008 Chg-P CR2E034 (11/05)

4. FSI Number **203597213** Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARASMO, JANET BABER 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410				Name Phyllis M. Allister	
				Street Address (P.O. Box Number is Not Acceptable) 10280 Allamanda Blvd	
				City Palm Beach Gardens FL Zip Code 33410	

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 SIGNATURE **[Signature]** DATE **1/13/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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NAME	PARASMO, JANET BABER			NAME			
STREET ADDRESS	10280 ALLAMANDA BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCALLISTER, PHYLLIS S.			NAME			
STREET ADDRESS	10280 ALLAMANDA BLVD.			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
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CITY-ST-ZIP				CITY-ST-ZIP			
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STREET ADDRESS				STREET ADDRESS			
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NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			

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 its predecessor 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]** Date **1/13/06** Daytime Phone # **561 832 8288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66003069

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

PJ235, INC.
10280 ALLAMANDA BLVD.
PALM BEACH GARDENS, FL 33410

Subject: PJ235, INC.

Reference Number: P05000137795

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION