


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 |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent PARASMO, JANET BABER 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410 | | 7. Name and Address of New Registered Agent 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 (NOTE: Registered Agent signature required when re-registering) | | | |
| 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 NAME STREET ADDRESS CITY - ST - ZIP | PD PARASMO, JANET BABER 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MCALLISTER, PHYLLIS S. 10280 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date: 1/13/06 Daytime Phone: 561 832 8288 | |



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