

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3597213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCALLISTER, PHYLISS
10280 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000582700
01/11/07-80043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARASMO, JANET BABER
STREET ADDRESS 10280 ALLAMANDA BLVD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VD
NAME MCALLISTER, PHYLLIS S.
STREET ADDRESS 10280 ALLAMANDA BLVD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #