

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90066 038 ***150.00

DOCUMENT # P07000041388

1. Entity Name
P J HEALTH SERVICES, CORP.



Principal Place of Business 295 EAST 2ND STREET 103 HIALEAH, FL 33010 US	Mailing Address 295 EAST 2ND STREET 103 HIALEAH, FL 33010 US
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40032131



01192008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8774381** Applied For
Not Applicable

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**CARDOSO, ALFONSO
5035 PALM AVE
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LOPEZ, PEDRO J**
STREET ADDRESS **295 EAST 2ND STREET**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **S** ☐ Delete
NAME **PEREZ DE MORALES, ANIA**
STREET ADDRESS **295 EAST 2ND STREET**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
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STREET ADDRESS **-**
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STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
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CITY-ST-ZIP **-**

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STREET ADDRESS **-**
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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2008 (305) 984-2962
Date Daytime Phone #