

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90195 004 ***150.00

DOCUMENT # P93000003882					
1. Entity Name F.M.P.J.N., INC.					
Principal Place of Business 6100 SW 21 ST MIRAMAR, FL 33023 US			Mailing Address 6100 SW 21 ST MIRAMAR, FL 33023 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0375592	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAYNOR, MARY R 6100 SW 21 ST MIRAMAR, FL 33023			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: <u>Mary Raynor</u> <u>Mary Raynor</u> <u>1-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	P RAYNOR, MARY R 6100 SW 21 ST MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Raynor, Mary R 6100 SW 21 ST Miramar FL 33023	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NORTMANN, NANCY 6019 SW 19 ST MIRAMAR, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NORTMANN, Nancy 6019 SW 19 ST Miramar FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OLYMPIA, Jacqueline Northmann 1931 NW 86 Ave Pembroke Pines FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Ortiz Patricia Northmann 18147 SW 4 ST Pembroke Pines FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Mary Raynor</u> <u>Mary Raynor</u> <u>1-7-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					