# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 02, 2007 8:00 am**
**Secretary of State**
02-02-2007 90012 047 ***150.00

DOCUMENT # P93000003882

1. Entity Name
F.M.P.J.N., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6100 SW 21 ST<br>MIRAMAR FL 33023<br>US | 6100 SW 21 ST<br>MIRAMAR FL 33023<br>US |

1st MOORE CR2E034 (10/06)

| 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 |

4. FEI Number 65-0375592 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAYNOR, MARY R<br>6100 SW 21 ST<br>MIRAMAR FL 33023 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>RAYNOR, MARY R<br>6100 SW 21 ST.<br>MIRAMAR FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>NORTMANN, NANCY<br>6019 SW 19 ST<br>MIRAMAR FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>T<br>Nortmann, NANCY<br>6019 SW 19 ST<br>Miramar FL 33023 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>NORTMAN, JACQUELIN O<br>1931 NW 86 AVE<br>PEMBROKE PINES FL 33024 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>V<br>Olympio, Jacquelin<br>1931 N.W. 86 AVE<br>Pembroke Pines FL 33023 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NORTMAN, PATRICIA O<br>18147 SW 4 CT.<br>PEMBROKE PINES FL 33029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>S<br>Ortiz, Patricia<br>18147 SW 4 CT<br>Pembroke Pines FL 33029 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Nancy Nortmann Nancy Nortmann 1-2507 (954)983-8475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #