

-PCN

(WED) APR 27 2005

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90132 010 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|----------------|--------------------|-------------|------------------|------|-----------------|----------------|--|-------------|--|------|--|----------------|--|-------------|--|------|--|----------------|--|-------------|--|
| <b>DOCUMENT # P95000004894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                              |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| 1. Entity Name<br>P J APARTMENT INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| Principal Place of Business<br>4097 PALM AVE<br>MIAMI, FL 33015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | Mailing Address<br>18620 NW 67TH AVE<br>MIAMI, FL 33015                                                                                                                                       |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| 6. Name and Address of Current Registered Agent<br><br>RODRIGUEZ, MARIA E<br>18520 NW 67 AVE<br>MIAMI, FL 33015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | 4. FEI Number<br>65-0552230<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>04042005 No Chg-P CR2E034 (12/03)<br>Applied For<br>Not Applicable |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| 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.<br>SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$650.00<br>9. Section Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>NAME</td> <td>PV</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RODRIGUEZ, MARIA E</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>9139 NW 152 LANE</td> </tr> <tr> <td>NAME</td> <td>MIAMI, FL 33016</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>                                 |                    |                                                                                                                                                                                               | NAME | PV | STREET ADDRESS | RODRIGUEZ, MARIA E | CITY-ST-ZIP | 9139 NW 152 LANE | NAME | MIAMI, FL 33016 | STREET ADDRESS |  | CITY-ST-ZIP |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PV                 |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RODRIGUEZ, MARIA E |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9139 NW 152 LANE   |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MIAMI, FL 33016    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached sheet with an address, with all other the empowered. |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |
| SIGNATURE: <u>Maria Rodriguez</u> 8/8/05<br>SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                                               |      |    |                |                    |             |                  |      |                 |                |  |             |  |      |  |                |  |             |  |      |  |                |  |             |  |