2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUI	MENT # P970000979	16		Jan 27, 2004 08:00 AM Secretary of State	
PJB ASSOCIATES, P.A.					
Principal Place	e of Business	Mailing Address			
2990 SW 35 AVE		2990 SW 35 AVE		**	
MIAMI FL 33	3133	MIAMI FL 33133		? (max/cum) the failt that! Hall! Hall! Hall! Ask/c (2005 (2015	E (B)(B) ((B)(B) B)((B)(B) 11 188)
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc.		MOORE CR2E034 (1	1/03)
City & State		City & State		4. FEI Number 65-0809550	Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired P	3.75 Additional e Required
	6. Name and Address of Current	Registered Agent	- Nome	7. Name and Address of New Registered Age	int
PAWLEY, CHARLES H 2990 SW 35 AVE MIAMI FL 33133			Name		_
			Street Addres	is (P.O. Box Number is Not Acceptable)	
			City		Zip Code
			_	FL	•
	named entity submits this statement in ions of registered agent.	or the purpose of changing as r	egistered office or regis	stered agent, or both, in the State of Fforida. I am fan	mar with, and accep
0.00.000.000					
SIGNATURE .	Signature, typed or printed name of registered agon	and tide if applicable (NOTE	Registered Agent signature requ	ared when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00 May Ba
	May 1, 2004 Fee will be \$550.00	of State		Trust Fund Contribution.	Added to Fees
10.	(Payable to Florida Department of OFFICERS AND		1 11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11
TITLE	D OI / IOE/ID AIRE	Delete	TITLE		☐ Change ☐ Addii
NAME	PAWLEY, CHARLES H		NAME	U00000014778 ~	4 5
STREET ADDRESS	2990 SW 35 AVE		STREET ADDRESS	01/27/04-80036-012	158.75
CXTY - ST- ZIP	MIAMI FL 33133		CITY-ST-ZIP		☐ Change ☐ Adiro
TETLE NAME	PSTD JUNKIN, JOHN E	☐ Delete	111LE NAME	Ĺ	? greende □? ⊷
STREET ADDRESS	638 SAN LORENZO AVE.		STREET ADORESS		
CITY-ST-ZIP	MIAMI FL 33146		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 directly 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 changed, or on an attackment with an address, with bit other like empowered.

SIGNATURE:

Junkin 1-23.04 30/1448-07/.

SIGNATURE:

JOHN E. JUNKIN 1-23.04 305/448-071.

FILED