

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000014940

1. Entity Name
PJ SOLUTIONS INC.

Principal Place of Business
**170 Ponce de Leon
Royal Palm Beach, FL 33411**

Mailing Address
**170 Ponce de Leon
Royal Palm Beach, FL 33411**

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country
USA

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90010 032 ***150.00

54007269

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813140	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MOREIRA, PAULO
170 Ponce de Leon
Royal Palm Beach, FL 33411**

7. Name and Address of Now 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 may Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS MOREIRA, PAULO 170 Ponce de Leon Royal Palm Beach, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 director of the corporation or the receiver or trustee empowered to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PJ Solutions Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/04

Date

Daytime Phone #