## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

ANNUAL REPORT					Mar 21, 2007 08:00			
1. Entity Nan				2	Secreta	ry of Sta		
P.J. & M.	. SERVICE CORPORATION							
Principal Place	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	]				
SUITE 230		5611 SW 109 AVE MIAMI, FL 33173						
MIAMI, FL. 3	33184							
						IIII 68    6  18     18		
DO NOT WRITE IN THIS SPACE				03102007	No Chg-P	CR2E034	(11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For Not Applicable	
					e of Status Desired	□ \$8	3.75 Additional e Required	
	6. Name and Address of Current R	egistered Agent						
GARCIA, PEDRO J 5611 SW 109 AVE MIAMI, FL 33173				DO	NOT W	RITE		
			IN THIS SPACE					
		•		11 4	* 1 1 1 O			
8. The above	named entity submits this statement for tions of registerad agent	he purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of F	lorida. Lani fam	iliar with, and accept	
SIGNATURE.	WHILE	Ititle if applicable. (NOTE: Registere	Year	when reinstating)	<u>نگر</u> (	<u> </u>	)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	00000 03/29/07	0574648 -80078-0	05 150.00	
10.	OFFICERS AND D	RECTORS	1	٠				
NAME STREET ADDRESS	GARCIA, PEDRO J 5611 SW 109TH AVE					•		
CITY-ST-ZIP	MIAMI, FL 33173							
TITLE NAME	VP GARCIA, MARIA C		ĵ					
STREET ADDRESS CITY-ST-ZIP	5611 SW 109TH AVE MIAMI, FL 33173		1					
TITLE								
NAME STREET ADDRESS				DΟ	NOT W	DITE		
CITY-ST-ZIP TITLE								
NAME STREET ADDRESS				IIN	THIS SI	PACE		
CITY-ST-ZIP								
TITLE NAME	•							
STREET ADDRESS CITY - ST - ZIP								

12. I hereby certify that the information supplied with this filling 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.

SIGNATURES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

. Coalcia

Daytime Phone #