2005 ROTEOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 02, 2005 8:00 am Secretary of State DOCUMENT # \$ 980000 49413 1. Entity Name
P.J. & S.J. CORPORATION
829 UNIVERSITY BAVD. NO. 107
JUPITER. FLORIDA 33458 05-02-2005 90527 019 ***150.00 DO NOT WRITE IN THIS SPACE 7 50045882 2. Principal Place of Business 3. Mailing Address 2929 SE OCEAN BLUD. 829 UHIVERSITY BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NO. 107 <u>/30-2</u> City & State City & State 4. FEI Number Applied For STUART CLORIDA ELORIDA 64-0234477 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO_NOT_WRITE IN THIS SPACE 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 Z (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 PAGO.00 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Initial or Amended USR Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS PRESIDENT TITLE TITLE BRUCE HEYMAN NAME 829 UHIVERSITY ALVA. NO. 107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FLORIDA 33458 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TIT! F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS

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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

w Mary

x 4-25-05

FILED