

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000015327

1. Entity Name  
JAMES & BIELEJESKI, P.A.



Principal Place of Business  
4367 NORTH FEDERAL HIGHWAY STE. 101  
FT. LAUDERDALE, FL 33308

Mailing Address  
4367 NORTH FEDERAL HIGHWAY STE. 101  
FT. LAUDERDALE, FL 33308



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0900428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BIELEJESKI, JOHN JR.  
4367 NORTH FEDERAL HIGHWAY STE. 101  
FT. LAUDERDALE, FL 33308

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME BIELEJESKI, JOHN JR.  
STREET ADDRESS 4367 NORTH FEDERAL HIGHWAY STE. 101  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE  
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01/16/08-80040-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*John Bielejeski* JOHN BIELEJESKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

Daytime Phone #

1-07-08 954 772 8222