

**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      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



01032008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0900428**      / 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 \_\_\_\_\_ (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            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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**      1-09-08      954 772  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # **8222**