
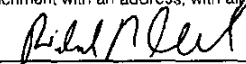


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V65082</b> 1. Entity Name <b>PBS &amp; J CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>			Mailing Address <b>2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		10062005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0357416</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHAFFER, BECKY S 500 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZUMWALT, JOHN B III 2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800080721788 10/19/05--01064--006 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO LARSON, RANDY L 2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>	<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	<b>CFOV DELOACH, SCOTT W 2001 NW 107TH AVE MIAMI, FL 33172</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO V Grubel, Richard M. 2001 N.W. 107th Ave Miami, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAULSEN, ROBERT J 2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>	<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	<b>AS SCHAFFER, BECKY S 2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>	<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	<b>V TERRY, LARRY V JR 2001 N.W. 107TH AVENUE MIAMI, FL 33172</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
<b>SIGNATURE:</b>  <b>Richard M. Grubel</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>10/6/05</b> Daytime Phone # <b>305-592-7275</b>	