


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # G02923 1. Entity Name M.J. PETER & ASSOCIATES, INC. |  |
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| Principal Place of Business 3365 N. FEDERAL HWY FORT LAUDERDALE, FL 33306 US | Mailing Address 3365 N FEDERAL HWY FORT LAUDERDALE, FL 33306 US |
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04222008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2239157 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GOLDSTEIN, RICHARD M P.A.
 2500 FIRST UNION FINANCIAL CENTER
 200 S. BISCAYNE BLVD. SUITE 2500
 MIAMI, FL 33131

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8. The above named entry 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

000000928519
 05/21/08-80034-003 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETER, MICHEAL 3365 N FEDERAL HWY FORT LAUDERDALE, FL 33306 |
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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: *Michael J. Peter* 4/25/08 954-564-2942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #