



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90062 045 \*\*\*150.00

<b>DOCUMENT # J68410</b> 1. Entity Name <b>MJZ INC.</b>					
Principal Place of Business <b>2726 NE 31 COURT LIGHTHOUSE POINT, FL 33064</b>				Mailing Address <b>2726 NE 31 COURT LIGHTHOUSE POINT, FL 33064</b>	
2. Principal Place of Business - No P.O. Box # <b>441 S.E. 3 AVE.</b>		3. Mailing Address <b>441 S.E. 3 AVE.</b>		<b>40061750</b>  	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04022008    Chg-P    CR2E034 (12/06)	
City & State <b>POMPANO BEACH, FL</b>		City & State <b>POMPANO BEACH, FL</b>		4. FEI Number <b>59-2803481</b>	
Zip <b>33060</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZUB, MICHAEL J. 2726 NE 31 COURT LIGHTHOUSE POINT, FL 33064</b>				7. Name and Address of New Registered Agent Name <b>ZUB, MICHAEL J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>441 S.E. 3 AVE.</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33060</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</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	D ZUB, MICHAEL J. 2726 NE 31 COURT LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUB, MICHAEL 441 S.E. 3 AVE. POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUB, MARY JANE 2726 NE 31 COURT LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUB, MARY JANE 441 S.E. 3 AVE. POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addit	<input type="checkbox"/> Change <input type="checkbox"/> Addit		

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.

**D MICHAEL J. ZUB**    *Michael J. Zub*    **4-3-08**