


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

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| DOCUMENT # P0000089833 1. Entity Name MJK ASSOCIATES, INC. |  |
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| Principal Place of Business 8769 ARBOR WALK DRIVE LAKE WORTH, FL 33467 | Mailing Address 8769 ARBOR WALK DRIVE LAKE WORTH, FL 33467 |
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1045124 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KUGLER, ALICE 8769 ARBOR WALK DRIVE LAKE WORTH, FL 33467 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000850635 03/25/08-80008-018 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KUGLER, ALICE 8769 ARBOR WALK DRIVE LAKE WORTH, FL 33467 |
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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: Alice Kugler Alice Kugler 3/4/08 561969366j
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #