

**FOR PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P0000089833

1. Entity Name
MJK ASSOCIATES, INC.



DEC -3, PM 4:05

Amendment
SECRETARY OF STATE
TREASURY DEPARTMENT
FLORIDA

Principal Place of Business
8769 Arbor Walk Drive
Lake Worth, FL 33467

Mailing Address
8769 Arbor Walk Drive
Lake Worth FL 33467



2. Principal Place of Business
8769 Arbor Walk Drive
Suite, Apt. #, etc.

3. Mailing Address
8769 Arbor Walk Drive
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lake Worth FL

City & State
Lake Worth FL

Zip
33467

Country
USA

Zip
33467

Country
USA

4. FEI Number 65-1045124

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUGLER, MICHAEL J
22681 ROYAL CROWN TERRACE EAST
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
Kugler Alice

Street Address (P.O. Box Number is Not Acceptable)
8769 Arbor Walk Drive

City
Lake Worth

Zip Code
33467

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: Alice Kugler DATE: 11/28/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUGLER, MICHAEL J 22681 ROYAL CROWN TERRACE EAST BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUGLER, ALICE 22681 ROYAL CROWN TERRACE EAST BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kugler, Alice 8769 Arbor Walk Drive Lake Worth FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500025185825 12/03/03--01008--015 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Alice Kugler DATE: 11/28/03 561969 3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR