


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90236 030 \*\*\*158.75

**DOCUMENT # P03000014916**

1. Entity Name  
**M & J LINE INC.**



Principal Place of Business      Mailing Address

7840 W. 25TH AVE.      7840 W. 25TH AVE.  
 102      102  
 HIALEAH, FL 33018      HIALEAH, FL 33018

**94061321**



04212004      Chg-P      CR2E034 (10/03)

2. Principal Place of Business      3. Mailing Address

**7850 W. 28 Ave**      **P.O. Box 160687**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**104**

City & State      City & State

**Hialeah, FL**      **Hialeah, FL**

Zip      Country      Zip      Country

**33018**      **Dade**      **33016**      **Dade**

4. FEI Number      Applied For

**48-1298661**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, LAZARO J**  
 7840 W. 25TH AVE.  
 102  
 HIALEAH, FL 33018

**7. Name and Address of New Registered Agent**

Name **Rodriguez, Lazaro J.**

Street Address (P.O. Box Number is Not Acceptable)

**7850 W. 28 Ave #104**

City **Hialeah**      FL      Zip Code **33018**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LAZARO J	
STREET ADDRESS	7840 W. 25TH AVE. APT# 102	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA E	
STREET ADDRESS	7840 W. 25TH AVE. APT# 102	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez LAZARO J	
STREET ADDRESS	7850 W 28 Ave #104	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Maria. E.	
STREET ADDRESS	7850 W. 28 Ave #104	
CITY-ST-ZIP	HIAleah, FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** \_\_\_\_\_      **4-20-04**      Date      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR