

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90172 001 ***150.00
03-22-2005 90172 002 *****8.75

DOCUMENT # P99000092354	
1. Entity Name M.J. GROUP, CORP.	

Principal Place of Business 9034 SW 149TH PLACE MIAMI, FL 33196	Mailing Address 9034 SW 149TH PLACE MIAMI, FL 33196
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 960386 Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33296	Country U.S.A.

03082005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0955278	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HORNUNG, MARIA J 9034 SW 149TH PLACE MIAMI, FL 33196	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNUNG, MARIA 9034 SW 149TH PL MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNUNG, FRANKLIN 9034 SW 149 PLACE MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 with all other like empowered.

SIGNATURE: MARIA J. HORNUNG 03/10/05 305-3020722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #