


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000092354 1. Entity Name M.J. GROUP, CORP.	
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Principal Place of Business 9034 SW 149TH PLACE MIAMI, FL 33196	Mailing Address P O BOX 960386 MIAMI, FL 33296
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DO NOT WRITE IN THIS SPACE

FILED

06 APR 27 AM 11:53

STATE OF FLORIDA



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0955278	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

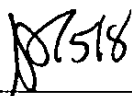
**HORNUNG, MARIA J
9034 SW 149TH PLACE
MIAMI, FL 33196**

DO NOT WRITE
IN THIS SPACE

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNUNG, MARIA 9034 SW 149TH PL MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNUNG, FRANKLIN 9034 SW 149 PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

900074153359
05/08/06--01020--004 **150.00

900074153359
05/08/06--01020--003 **8.75

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:  04/20/06 305 302 0722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #