

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010647

Entity Name: MJJ FOODS GROUP INC.

FILED
Apr 25, 2012
Secretary of State

Current Principal Place of Business:

845 EXECUTIVE LANE
SUITE 400
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

845 EXECUTIVE LANE
SUITE 400
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-8329510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, SATURNINO OWNER
845 EXECUTIVE LANE
SUITE 400
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: RODRIGUEZ, SATURNINO
Address: 845 EXECUTIVE LANE, SUITE 400
City-St-Zip: ROCKLEDGE, FL 32955

Title: DSVP
Name: RODRIGUEZ, FABLIA
Address: 845 EXECUTIVE LANE, SUITE 400
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: RODRIGUEZ, JOSE
Address: 845 EXECUTIVE LANE, SUITE 400
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: RODRIGUEZ, JESUS
Address: 845 EXECUTIVE LANE, SUITE 400
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: RODRIGUEZ, MICHELLE
Address: 845 EXECUTIVE LANE, SUITE 400
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR
Name: HODGES, JEAN
Address: 845 EXECUTIVE LANE, SUITE 400
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SATURNINO RODRIGUEZ

PRES

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date