## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010647

Entity Name: MJJ FOODS GROUP INC.

**Current Principal Place of Business:** 

845 EXECUTIVE LANE SUITE 400

SUITE 400 ROCKLEDGE, FL 32955

## **Current Mailing Address:**

845 EXECUTIVE LANE SUITE 400 ROCKLEDGE, FL 32955 US

FEI Number: 20-8329510 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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

FILED Mar 24, 2017

**Secretary of State** 

CC1641812242

## Officer/Director Detail:

Title DPT Title DSVP

Name RODRIGUEZ, SATURNINO Name RODRIGUEZ, FABLIA

Address 845 EXECUTIVE LANE, SUITE 400 Address 845 EXECUTIVE LANE, SUITE 400

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title D Title [

Name RODRIGUEZ, JOSE Name RODRIGUEZ, JESUS

Address 845 EXECUTIVE LANE, SUITE 400 Address 845 EXECUTIVE LANE, SUITE 400

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title D Title MGR

Name RODRIGUEZ, MICHELLE Name GONZALEZ, VANESSA

Address 845 EXECUTIVE LANE, SUITE 400 Address 845 EXECUTIVE LANE, SUITE 400

City-State-Zip: ROCKLEDGE FL 32955 City-State-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

OWNER

03/24/2017