

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010647

Entity Name: MJJ FOODS GROUP INC.**Current Principal Place of Business:**845 EXECUTIVE LANE
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**Officer/Director Detail :**

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

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

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

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

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

Title	MGR
Name	GONZALEZ, VANESSA
Address	845 EXECUTIVE LANE, SUITE 400
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: RODRIGUEZ , SATURNINO**OPERATOR****03/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date