## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F02953

MJN INVESTMENTS CORP.



Principal Place of Business

C/O NASH, MARTIN J. & CYNTHIA 1433 W. 22 STREET, SUNSET ISLAND 4 MIAMI BEACH, FL 33140

. Mailing Address

C/O NASH, MARTIN J. & CYNTHIA 1433 W. 22 STREET, SUNSET ISLAND 4 MIAMI BEACH, FL 33140

## **FILED** Apr 28, 2004 08:00 AM Secretary of State



04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2034802

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASH, MARTIN J. & CYNTHIA 1433 W. 22 STREET, SUNSET ISLAND 4

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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  Signamic, typed or premiod name of registered agent and title ill applicable. (I/OTE Registered Agent so prature required when refressaring). DATE  PILE NOWILL FEE IS \$150.00  Affect May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  TITLE DS  NASH, CYNTHIA  SIRECT ADDRESS  INTEL  DP  NASH, MARTIN J  SIRECT ADDRESS  CITY-ST-2P  MIAMI BEACH, FL  ITTLE  NAME  SIRECT ADDRESS  CITY-ST-2P  MIAMI BEACH, FL  TITLE  NAME  SIRECT ADDRESS  CITY-ST-2P  TITLE  TITLE  TITLE  NAME  SIRECT ADDRESS  CITY-ST-2P  TITLE  TITLE  TITLE  NAME  SIRECT ADDRESS  CITY-ST-2P  TITLE  TITL	MIAMI BEACH, FL 33140			IN THIS SPACE		
TILLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TILLE NOMINE STREET ADDRESS OUTY-ST-ZIP  TILLE			urpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TITLE  DS  NASH, CYNTHIA 1433 W 22 STREET  GITY-SI-ZIP  TITLE  DP  NASH, MARTIN J  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME STREET ADDRESS  CITY-SI-ZIP  TITLE  TITLE  NAME STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME STREET ADDRESS  STRE	SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable. (NOTE Registered A	gant signature	required when reinstating)	DATE
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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 of supplemental reports true and accuracy 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 visited empowered to execute this deport 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:		// ///////	ng does notiquality for the exemp nd accurate and that my signatur to execute this leport as required other like empowered.	otion stated e shall hav d by Chapt	d in Section 119.07(3) e the same legal effe er 607, Florida Statut	(f), Florida Statutes. I further certify that the Information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if