


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005294	
1. Entity Name MJB FOODS INC.	

Principal Place of Business 23294 COSTA DEL SOL BOULEVARD BOCA RATON, FL 33433	Mailing Address 23294 COSTA DEL SOL BOULEVARD BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4051162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROWN, JANET
23294 COSTA DEL SOL BOULEVARD
BOCA RATON, FL 33433**

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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 MARVIN BROWN vice Pres. 1-24-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PD	NAME BROWN, JANET	STREET ADDRESS 23294 COSTA DEL SOL BOULEVARD	CITY-ST-ZIP BOCA RATON, FL 33433
TITLE VSTD	NAME BROWN, MARVIN M	STREET ADDRESS 23294 COSTA DEL SOL BOULEVARD	CITY-ST-ZIP BOCA RATON, FL 33433
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
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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01/28/05-80004-010 158.75

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 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: MARVIN BROWN 1-24-05 563478309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #