

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 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**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4051162**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

*Janet Brown*  
Signature, typed or printed name of registered agent and fee if applicable

*Janet Brown*  
(NOTE: Registered Agent signature required when relocating)

DATE

*1/11/06*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000386420**  
**01/18/06-80059-009 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BROWN, JANET  
23294 COSTA DEL SOL BOULEVARD  
BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD  
BROWN, MARVIN M  
23294 COSTA DEL SOL BOULEVARD  
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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowers.

SIGNATURE:

*Marvin Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*1/11/06 5613478309*