2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90039 030 ***150.00

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1. Entity Name
MJB FOODS INC.

40007195

01222007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
23294 COSTA DEL SOL BOULEVARD BOCA RATON, FL 33433	23294 COSTA DEL SOL BOULEVARD BOCA RATON, FL 33433

2. Principal Place of Business - No P O Box #	3. Mailing Address
C/o DAN LETIZIA	
Suite, Apt. #, etc. 2 TRANS AM PLAZA	Suite, Apt. #, etc
City & State SUITE 250 OAK BROOK TERRACE	City & State IL 60181
Zip 60181 Country	Zip Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, JANET		NAME	
STREET ADDRESS	23294 COSTA DEL SOL BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	
TITLE	VSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, MARVIN M		NAME	
STREET ADDRESS	23294 COSTA DEL SOL BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 empowered.

SIGNATURE: [signature] Brown 1/29/07 561-347-8309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #