

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F95000003284

1. Entity Name  
M.J.M. MARKETING, INC.



Principal Place of Business  
10060 SW 135TH ST  
MIAMI, FL 33176

Mailing Address  
10060 SW 135TH ST  
MIAMI, FL 33176

**FILED  
Mar 21, 2007 08:00 AM  
Secretary of State**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1493537	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RISAVY, MICHAEL  
10060 SW 135TH ST  
MIAMI, FL 33176

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000674644  
03/29/07-80078-003 150.00

10. OFFICERS AND DIRECTORS

TITLE: S  
NAME: RISAVY, MICHAEL  
STREET ADDRESS: 10060 SW 135TH ST  
CITY-ST-ZIP: MIAMI, FL 33176

TITLE: P  
NAME: RISAVY, JOYCE  
STREET ADDRESS: 10060 SW 135TH ST  
CITY-ST-ZIP: MIAMI, FL 33176

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 empowered.

SIGNATURE:  *Joyce R. Risavy - President*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 305-232-3270

Date

Daytime Phone #