


2007 FOR PROFIT CORPORATE ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # G62869 1. Entity Name M.P.J., INC.	
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Principal Place of Business 18860 S.W. 352ND STREET FLORIDA CITY, FL 33034	Mailing Address 18860 S.W. 352ND STREET FLORIDA CITY, FL 33034
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2327103	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOVE, PATRICIA 18860 S.W. 352ND STREET FLORIDA CITY, FL 33034

**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

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOVE, PATRICIA 18860 SW 352 STREET FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOVE, JIMMY LEE 18860 SW 352 STREET FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/09/07-80055-005 150.00

**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:

Patricia Love VP Patricia Love

2-7-07

305-798-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #