


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J48038
 1. Entity Name
M&J WILKOW OF FLORIDA, INC.



Principal Place of Business % CT CORPORATION SYSTEM INC. 180 N MICHIGAN AVE SUITE 200 CHICAGO, IL 60601 US	Mailing Address % CT CORPORATION SYSTEM INC. 180 N MICHIGAN AVE SUITE 200 CHICAGO, IL 60601 US
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3486486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ 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, 2004 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	P WILKOW, MARC R 180 N.MICHIGAN AVE.,#200 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIGAN, THOMAS 180 N MICHIGAN AVE #200 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARVEY, DAVID W. 180 N.MICHIGAN AVE. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALA, CHERYL 180 N MICHIGAN AVENUE #200 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000089688
 03/15/04-80102-003 50.00

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: Cheryl Pala - Corp. SECRETARY 3/11/04 312-706-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #