

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 048 ***150.00

DOCUMENT # J68410

1. Entity Name:

MJZ INC.



Principal Place of Business

**3407 LEIGH RD
POMPANO BEACH FL 33062**

Mailing Address

**3407 LEIGH RD
POMPANO BEACH FL 33062**

2. Principal Place of Business

246 BOMBAY AVE.

Suite, Apt. #, etc.

3. Mailing Address

246 BOMBAY AVE.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

LAUDERDALE BY THE SEA, FL

City & State

LAUDERDALE BY THE SEA, FL

4. FEI Number

59-2803481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZUB, MICHAEL J.
3407 LEIGH RD.
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

246 BOMBAY AVE.

City

LAUDERDALE BY THE SEA FL

Zip Code

33308

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 reactivating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZUB, MICHAEL J.**
STREET ADDRESS **3407 LEIGH RD**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** ☐ Delete
NAME **ZUB, MARY JANE**
STREET ADDRESS **3407 LEIGH RD**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael J. Zub

MICHAEL J. ZUB

2-5-06

954-254-3126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #