
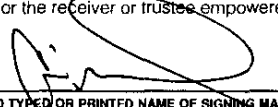


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90035 020 \*\*\*\*50.00

<b>DOCUMENT # L03000039333</b> 1. Entity Name <b>MJA INVESTMENTS, LLC</b>					
Principal Place of Business <b>16799 SW 16TH STREET PEMBROKE PINES FL 33027</b>			Mailing Address <b>16799 SW 16TH STREET PEMBROKE PINES FL 33027</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0510299</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MENDEZ, ARSENIO 16799 SW 16TH STREET PEMBROKE PINES FL 33027</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	<input type="checkbox"/> Delete			
NAME	<b>MG RM Arsenio Mendez</b>				
STREET ADDRESS	<b>16799 S.W. 16th St</b>				
CITY-ST-ZIP	<b>Pembroke Pines Fl 33027</b>				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
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TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>4/10/04</b>      <b>305.968-1631</b>  <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					