2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90036 022 ***150.00

DOCUMENT # M60165

1. Entity Name
MLJ MANAGEMENT CORP.

Principal Place of Business	Mailing Address
9400 S. DADELAND BLVD. SUITE 603 MIAMI FL 33156	9400 S. DADELAND BLVD. SUITE 603 MIAMI FL 33156

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9400 S. Dadeland BLVD.	9400 S. Dadeland Blvd.
Suite, Apt. #, etc. STe. 601	Suite, Apt. #, etc. STe. 601
City & State Miami, Fl.	City & State Miami, FL.
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number 65-0063437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEUTSCH & BLUMBERG, P.A. 100 NORTH BISCAYNE BLVD. STE.2801 MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named ent[illegible] [illegible]ement 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 [illegible]

SIGNATURE ______________________________ DATE
[illegible] name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SCHERTZER, MICHAEL		NAME	SCHERTZER, Michael	
STREET ADDRESS	9400 S. DADELAND BLVD.		STREET ADDRESS	9400 S. Dadeland Blvd. STe. 601	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL. 33156	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	KABAT, LAWRENCE		NAME	KABAT, LAWRENCE	
STREET ADDRESS	9400 S. DADELAND BLVD.		STREET ADDRESS	9400 S. DADELAND Blvd. STe. 601	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL. 33156	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 4-10-08 305 670 3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #