2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM Secretary of State

DOCUI 1. Entity Name N.M.T.J. (Seci	ctary or c	riace	
Principal Place 6021 HOLLO DELRAY BEAG	the contract of the contract o	Mailing Address 6021 HOLLOWS LANE DELRAY BEACH, FL 33484		- =				
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DO NOT WRITE IN THIS SPAC				4. FEI Numb 65-007	er	App	lied For Applicable lonal	
	6. Name and Address of Current F	Registered Agent						
SEINFELD, MARCIA 6021 HOLLOWS LANE DELRAY BEACH, FL 33484				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 Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS _								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SEINFELD, MARCIA 6021 HOLLOWS LANE DELRAY BEACH, FL							
HTLE NAME STREET ADDRESS CITY-ST-ZIP					U00000 02/07/07-	616751 80042-015 15	0.00	
TITLE NAME STREET ADDRESS CHY-S1-ZIP				DO	NOT W	RITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the Information supplied with this filling 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								