


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 030 ***158.75

DOCUMENT # P00000017521					
1. Entity Name M.J.H. CORP.					
Principal Place of Business 4410 W. 16TH AVE #119 HIALEAH, FL 33012			Mailing Address 7445 W 4 AVE HIALEAH, FL 33014		
2. Principal Place of Business - No P.O. Box # N/A		3. Mailing Address 1070 - 1072 WEST 29 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State HIALEAH, FL.		4. FEI Number 65-0982675	
Zip		Zip 33012		Country USA.	
6. Name and Address of Current Registered Agent PANDO, ANGELA A 2604 WEST 68TH PLACE HIALEAH, FL 33019-5404				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINERO, HIRAM 2604 WEST 68TH PLACE HIALEAH, FL 330165404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PANDO, ANGELA A 2604 WEST 68TH PLACE HIALEAH, FL 330165404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X. Hiram Pinero			Date: 02/15/08 Daytime Phone #: (305) 820-1757.		