


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000017771 1. Entity Name MCJC, INC.	
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Principal Place of Business 407 LINCOLN ROAD STE 9F MIAMI BEACH, FL	Mailing Address 407 LINCOLN ROAD STE 9F MIAMI BEACH, FL
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FE# Number 65-0993805	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COMRAS, MICHAEL A
407 LINCOLN ROAD
STE 9F
MIAMI BEACH, FL 33139

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMRAS, MICHAEL A
STREET ADDRESS	407 LINCOLN ROAD STE 9F
CITY- ST- ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000332419
04/26/05-80058-002 150.00

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IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 (35) 582-0433
Date Daytime Phone #