


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90030 033 \*\*\*150.00

<b>DOCUMENT # P00000045535</b>					
<b>1. Entity Name</b> <b>M &amp; J PARTNERS, CORP.</b>					
<b>Principal Place of Business</b> <b>3820 HILLSBORO BLVD</b> <b>DEERFIELD BEACH, FL 33442</b>			<b>Mailing Address</b> <b>22071 MARTELLA AVE.</b> <b>BOCA RATON, FL 33433-4659</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <b>3820 Hillsboro BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> <b>DEERFIELD BEACH, FL</b>		<b>4. FEI Number</b> <b>65-1008504</b>	
<b>Zip</b>		<b>Country</b> <b>33442</b>		<b>Country</b> <b>BROWARD</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>FLORENTINO, MICHAEL</b> <b>22071 MARTELLA AVE.</b> <b>BOCA RATON, FL 33433-4659</b>				<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>3820 W. Hillsboro BLVD</b>  <b>City</b> <b>DEERFIELD BEACH</b> <b>FL</b> <b>Zip Code</b> <b>33442</b>	
<b>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.</b>					
<b>SIGNATURE</b> <i>Michael Florentino</i>				<b>DATE</b> <i>2/17/5</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>FLORENTINO, MICHAEL</b> <input type="checkbox"/> Delete <b>22071 MARTELLA AVE.</b> <b>BOCA RATON, FL 334334659</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VT</b> <b>GOODRICH, GERALD</b> <input type="checkbox"/> Delete <b>22071 MARTELLA AVE.</b> <b>BOCA RATON, FL 334334659</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3820 Hillsboro BLVD</b> <b>DEERFIELD BEACH, FL 33442</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3820 Hillsboro BLVD</b> <b>DEERFIELD BEACH, FL 33442</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Michael Florentino</i>				<b>DATE</b> <i>2/17/5</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>561 504-3756</i>	

50017668



02062005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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