

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90169 019 \*\*\*158.75

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**DOCUMENT #** P00000050556

**1. Entity Name**  
M 3 J SERVICES, INC.



**Principal Place of Business**  
15240 S.W. 307TH ROAD  
MIAMI FL 33033

**Mailing Address**  
15240 S.W. 307TH ROAD  
MIAMI FL 33033



**2. Principal Place of Business**  
17361 SW 290 St.  
Suite, Apt. #, etc.  
Miami FL  
City & State

**3. Mailing Address**  
Same  
Suite, Apt. #, etc.  
City & State

CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0757374

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

**6. Name and Address of Current Registered Agent**

**NUNES, MARIA**  
15240 S.W. 307TH ROAD  
MIAMI FL 33033

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**  
17361 SW 290 St.

**City** Miami **FL** **Zip Code** 33030

**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** Maria Nunes **DATE** 4/22/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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**

| TITLE | NAME         | STREET ADDRESS        | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|-------|--------------|-----------------------|----------------|---------------------------------|
| D     | NUNES, MARIA | 15240 S.W. 307TH ROAD | MIAMI FL 33033 | <input type="checkbox"/>        |
|       |              |                       |                | <input type="checkbox"/>        |
|       |              |                       |                | <input type="checkbox"/>        |
|       |              |                       |                | <input type="checkbox"/>        |
|       |              |                       |                | <input type="checkbox"/>        |
|       |              |                       |                | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS   | CITY-ST-ZIP    | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------|----------------|--|-----------------------------------|
|       |      | 17361 SW 290 St. | Miami FL 33030 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |

CR2E034 (10/02)

**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:** Maria Nunes **SIGNATURE REQUIRED** **DATE** 4/22/03

Signature and typed or printed name of signing officer or director