

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000051933

1. Entity Name

MJ EMPLOYMENT SERVICES, INC.



Principal Place of Business

1601 BELVEDERE RD., SUITE 407 S.
WEST PALM BEACH, FL 33406

Mailing Address

1601 BELVEDERE RD., SUITE 407 S.
WEST PALM BEACH, FL 33406



07192005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1010303

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYER, WILLIAM A
1601 BELVEDERE RD., SUITE 407 S.
WEST PALM BEACH, FL 33406

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JABARA, RICHARD
7 KENOIA AVENUE STE 2A
DANBURY, CT 06810

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MEYER, WILLIAM A
1601 BELVEDERE RD., SUITE 407 S.
WEST PALM BEACH, FL 33406

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07/26/05-80007-008 150.00

DO NOT WRITE
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

Date

Daytime Phone #

7-19-05

203 748 1099