


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000051933	
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
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1010303	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JABARA, RICHARD 7 KENOGIA 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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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 or without like empowered.

SIGNATURE: William A. Meyer Date: 3/27/08 Daytime Phone #: 561-689-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR