

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 MAY 17 PM 8:45

STATE
OF FLORIDA

DOCUMENT # P00000062507	
1. Entity Name MJM STRUCTURAL CORP.	

Principal Place of Business 7880 WEST 20 AVE BAY 37 HIALEAH, FL 33016 US	Mailing Address 7880 WEST 20 AVE BAY 37 HIALEAH, FL 33016 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



05112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LEW, HENRY 7880 W 20 AVE BAY 37 HIALEAH, FL 33016	7. Name and Address of New Registered Agent Name LEW, MARIO Street Address (P.O. Box Number is Not Acceptable) 7880 W 20 AVE #37 City Hialeah FL Zip Code 33016
--	---

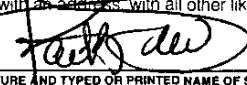
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
-----------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEW, HENRY 7880 WEST 20 AVENUE BAY 37 HIALEAH, FL 33016 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARIO LEW PRESIDENT, Sect. Treas. 7880 W. 20 AVE, BAY 37 HIALEAH, FL 33016 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400055376554 05/26/05--01058--002 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 # _____