

FILED  
Feb 24, 2005 8:00 am  
Secretary of State

01-21-2005 90082 035 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                       |                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P0000062509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                      |                                                                                                                                                              |
| 1. Entity Name<br>MJM SHELL CONTRACTING CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                                                                       |                                                                                                                                                              |
| Principal Place of Business<br>7880 W 20 AVE<br>BAY 37<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | Mailing Address<br>7880 W 20 AVE<br>BAY 37<br>HIALEAH, FL 33016                                                                       |                                                                                                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | 3. Mailing Address                                                                                                                    |                                                                                                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | Suite, Apt. #, etc.                                                                                                                   |                                                                                                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | City & State                                                                                                                          |                                                                                                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                        | Zip                                                                                                                                   | Country                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                       |                                                                                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | 4. FEI Number<br>65-1038778<br>Applied For<br><input type="checkbox"/> Not Applicable                                                 |                                                                                                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 7. Name and Address of New Registered Agent                                                                                           |                                                                                                                                                              |
| LEW, MARIO<br>7880 W 20 AVE<br>BAY 37<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | Name: HENRY LEW<br>Street Address (P.O. Box Number is Not Acceptable)<br>7880 W. 20 AVE, BAY # 37<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | DATE: 2/21/05                                                                                                                         |                                                                                                                                                              |
| Signature, typed or printed name of registered agent and file if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | (NOTE: Registered Agent signature required when reinstating)                                                                          |                                                                                                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                       |                                                                                                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                 |                                                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PST<br>LEW, MARIO<br>7880 W 20 AVE BAY 37<br>HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                      | PRESIDENT<br>HENRY LEW<br>7880 W. 20 AVE, BAY 37<br>HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                      | SECRETARY TREASURER<br>HENRY LEW<br>7880 W. 20 AVE, BAY 37<br>HIALEAH, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                | MARIO LEW                                                                                                                             |                                                                                                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Date: 305-818-1981                                                                                                                    |                                                                                                                                                              |