

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086370

Entity Name: MJNKY, INC.

FILED
Jul 17, 2006
Secretary of State

Current Principal Place of Business:

275 34TH ST. S.
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

275 34TH ST. S.
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 59-3670429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARAJ, DEODAT
275 34TH ST. S.
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AD () Delete
Name: DEODAT, YOUNGSTER S
Address: 435 GRANT AVE
City-St-Zip: BROOKLYN, NY 11208

Title: OAM () Delete
Name: DEODAT, NANDRANI
Address: 275 34TH STREET S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: AD () Delete
Name: DEODAT, KHAILOSH
Address: 275 34 ST S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: OM () Delete
Name: DEODAT, MARAJ
Address: 275 34TH STREET S
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AD (X) Change () Addition
Name: DEODAT, KHAILASH
Address: 275 34 ST S
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEODAT MARAJ

OAM

07/17/2006

Electronic Signature of Signing Officer or Director

Date