## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000086370

Entity Name: MJNKY, INC.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ST. PETERSBURG, FL 33711

**Current Mailing Address: New Mailing Address:** 

275 34TH ST. S 1704 EAST 6TH STREET ST. PETERSBURG, FL 33711 LEHIGH ACRES, FL 33972

FEI Number: 59-3670429 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARAJ, DEODAT CULLEM, JOHN P ESQ 275 34TH ST. S. 856 2ND AVE. NORTH

ST. PETERSBURG, FL 33711 US ST. PETERSBURG, FL 33701 US

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: JOHN P. CULLEM, ESQ 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: DEODAT, YOUGISTER S MARAJ, DEODAT Name: Name:

435 GRANT AVE 1704 EAST 6TH STREET Address: Address: City-St-Zip: BROOKLYN, NY 11208 City-St-Zip: LEHIGH ACRES, FL 33972

Title: DS (X) Change ( ) Addition Title: OAM () Delete Name:

DEODAT, NANDRANI Name: DEODAT, NANDRANI 275 34TH STREET S 1704 EAST 6TH STREET Address: Address: SAINT PETERSBURG, FL 33711 LEHIGH ACRES, FL 33972 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition AD ( ) Delete DTVP

DEODAT, KHAILASH DEODAT, KHAILASH Name: Name: 275 34 ST S 1002 EAST 6TH STREET Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip: LEHIGH ACRES, FL 33972

Title: OM (X) Delete Title: () Change () Addition

DEODAT, MARAJ Name: Address: 275 34TH STREET S Address: City-St-Zip: SAINT PETERSBURG, FL 33711 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KHAILASH DEODAT VP/D 04/27/2009