

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 046 ***150.00

DOCUMENT # P00000093146

1. Entity Name

M J TRAVEL SERVICES, INC.



Principal Place of Business

8309 SOUTHGATE DR
NORTH RICHLAND HILLS TX 76180

Mailing Address

8309 SOUTHGATE DR
NORTH RICHLAND HILLS TX 76180

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1045156

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JESUS
308 NE 2ND ST
#5
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

MARU RODRIGUEZ
15375 CEDARWOOD LN #APT 304

City

NAPLES

FL

34410

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

Maru Rodriguez

(NOTE: Registered Agent signature required when reappointing)

2/16/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	☐ Delete
NAME	ALCIBAR, MARILYN	
STREET ADDRESS	8309 SOUTH GATE DRIVE	
CITY-STATE-ZIP	NORTH RICHLAND HILLS TX 76180	
TITLE	P	☐ Delete
NAME	ALCIBAR, JOHN	
STREET ADDRESS	8309 SOUTH GATE DRIVE	
CITY-STATE-ZIP	NORTH RICHLAND HILLS TX 76180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

John Alcibar JOHN ALCIBAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/08