2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092055

Entity Name: MAJOK, INC.

FILED Apr 17, 2008 Secretary of State

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

808 BRICKELL KEY DR. #2901 2627 SOUTH BAYSHORE DRIVE MIAMI, FL 33131

1906

MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

808 BRICKELL KEY DR. #2901 2627 SOUTH BAYSHORE DRIVE

MIAMI, FL 33131 1906

MIAMI, FL 33133

FEI Number: 65-1142369 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:

SIMAN, MAURICO J KRONFLE, MARIELLA J PSTD 306 ALCAZAR AVE. SUITE 303 2627 SOUTH BAYSHORE DRIVE

MIAMI, FL 33134 1906 MIAMI, FL 33133 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: MARIELLA KRONFLE D.P. 04/17/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete KRONFLE, MARIELLA J Name: 808 BRICKELL KEY DR. #2901 Address:

City-St-Zip: MIAMI, FL 33131

() Delete Title: ANTON, PATRICIA Name:

808 BRICKELL KEY DR. #2901 Address:

MIAMI, FL 33131 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition KRONFLE, MARIELLA J

Name: 2627 SOUTH BAYSHORE DRIVE Address:

City-St-Zip: MIAMI, FL 33133

Title: (X) Change () Addition

Name: ANTON, PATRICIA

Address: 2627 SOUTH BAYSHORE DRIVE

MIAMI, FL 33133 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: MARIELLA KRONFLE DP. **PSTD** 04/17/2008