2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jul 12, 2004 08:00 AM Secretary of State

Daytime Prione #

ANIOAL ILLI OILI		Secretary of State
DOCUMENT # P02000093951 1. Entity Name M.J.G. SERVICES, INC.		Secretary of State
Findipal Place of Business Mailing Address		
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HALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33	<u>.</u>	·
DO NOT WRITE IN THIS SPACE		07072004 No Chg-P CR2E034 (10/03)
		4. FEI Number Applied Fo
		51-0422869 Not Applie
		5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent		Fee Required
or raino and radiose of our one together the		
DE JESUS GONZALEZ, MANUEL	j	DO NOT WRITE
10440 NW 129 STREET		
HIALEAH GARDENS, FL. 33018		IN THIS SPACE
	}	
	}	
 The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent. 	gistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and ac
and dunigation as on registered agents		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Re	igistored Agent signature require	sd when reinstating) DATE
Signatura, open or primar name or agreement agent and many approaches (1997). The	gata ed rigati a griatico requit	or water considering)
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 8. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the ded to Fees
10. OFFICERS AND DIRECTORS		
TITLE DPT		
NAME DE JESUS GONZALEZ, MANUEL	1	
STREET ADDRESS 10440 NW 129 STREET CITY-SI ZIP HIALEAH GARDENS, FL. 33018		
		U00000165188 07/12/04-80003-003 150.
TITLE S NAME GONZALEZ, TERESITA		07/12/04-80003-003 130.
STREET ADDRESS 10440 NW 129 STREET		
CITY-ST-ZIP HIALEAH GARDENS, FL 33018		
TITLE "		•
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12. I hereby certify that the information supplied with this filling does not qualify for the	ne exemption stated in	Section 119.07(3)(i), FlorIda Statutes, I further certify that the informa
12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.	signature shall have the required by Chapter 6	e same legal effect as if made under oath; that I am an officer or dire i07, Florida Statutes; and that my name appears in Block 10 or Block
changed, or on an attachment with an address, with all other like empowered.	,,,	5 1 7

ure and typed or printed hame of signing officer or director