


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000119866
 1. Entity Name
MJM CAPITAL INC.



Principal Place of Business Mailing Address
 17183 NW 13 ST. 17183 NW 13 ST.
 PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
14-1859542 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARKHAM-MACHADO, YERIZ
 17183 NW 13 ST
 PEMBROKE PINES, FL 33028

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARKHAM-MACHADO, YERIZ 17183 NW 13 ST. PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MACHADO, JOSE 17183 NW 13 ST. PEMBROKE PINES, FL 33028 |
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 05/05/05-80093-018 163.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Yeriz Markham-Machado* Date: *5/3/05* Daytime Phone #: *954-431-8228*