2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000127953

1. Entity Name
MSJ PARTNERS, INC.

Principal Place of Business	Mailing Address
1221 E ROBINSON ST ORLANDO, FL 32801	817 DE LA BOSQUE LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3071659
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FONG, DAVID
1221 E ROBINSON ST
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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: _____ DATE
Signature, type or print name of officer, director, and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000099131
03/29/04-80070-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHIN, MISUN
STREET ADDRESS	817 DE LA BOSQUE
CITY-ST-ZIP	LONGWOOD, FL 32771
TITLE	SD
NAME	CHIN, SEIL
STREET ADDRESS	817 DE LA BOSQUE
CITY-ST-ZIP	LONGWOOD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Misun H. Chin 3/8/04 407-252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #