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FILED Mar 05, 2003 8:00 am Secretary of State

02-21-2003 90838 004 ***150.00

BUSINESS	

DOCUMENT # P02000135390 1. Entity Name MJG & ASSOCIATES, INC. Principal Place of Business Mailing Address 206 MCGUIRE BLVD 206 MCGUIRE BLVD INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALRON ENTPERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 NARRAGANSETT ST, NE PALM BAY FL 32907 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change NAME GUIDERA, MARTIN J NAME STREET ACCRESS 206 MCGUIRE BLVD STREET ADDRESS CITY - ST - ZNF INDIAN HARBOUR BEACH FL 32937 CITY-ST-71P nne ☐ Delete TIT: F ☐ Change ☑ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-74P bour Beach FL3293 TITLE ☐ Defete TITLE - 🔲 Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.