


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90045 004 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000036695					
1. Entity Name M.J. ENTERPRISES OF BOCA, INC.					
Principal Place of Business 6832 VIENTO WAY BOCA RATON, FL 33433			Mailing Address 6832 VIENTO WAY BOCA RATON, FL 33433		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 84-0162310	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAKAMOTO, MOTOKI 6832 VIENTO WAY BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name JEROME M. RUDERMAN Street Address (P.O. Box Number is Not Acceptable) 6832 Viento Way City Boca Raton FL Zip Code 33433		
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: JEROME M. RUDERMAN Jerome M Ruderman 3/22/05 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKAMOTO, MOTOKI 6832 VIENTO WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEROME M. RUDERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6832 Viento Way Boca Raton, Florida 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Motoki Sakamoto Jerome M Ruderman 3/22/05 SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Daytime Phone #					