

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90020 012 \*\*\*150.00

**DOCUMENT # P03000071266**

1. Entity Name  
**3MJ, INC.**



Principal Place of Business  
**24881 BURNT PINE DR, E-2  
BONITA SPRINGS, FL 34134**

Mailing Address  
**24881 BURNT PINE DR, E-2  
BONITA SPRINGS, FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006

Chg-P

CR2E034 (11/05)

4. FEI Number

**73-1673959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIN, SEUNG (JACK)  
233 SE 31ST ST.  
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SHIN, SEUNG Y  
STREET ADDRESS 233 SE 31ST STREET  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME STEELE, JEFF  
STREET ADDRESS 11730 TIMBERLINE CIR  
CITY-ST-ZIP FT MYERS, FL 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME SHIN, KWANG Y  
STREET ADDRESS 321 SE 31 ST  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE DS ☒ Change ☐ Addition  
NAME STEELE, JEFF  
STREET ADDRESS 11730 TIMBERLINE CIR  
CITY-ST-ZIP FT MYERS, FL 33912

TITLE DT ☐ Delete  
NAME LARREA, MILTON  
STREET ADDRESS 5812 TALLONWOOD CIR  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/20/06 239-826-9980*