

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000077502

1. Entity Name  
MJ OF SOUTH FLORIDA, INC.



Principal Place of Business  
18169 SE FEDERAL HIGHWAY  
TEQUESTA, FL 33469

Mailing Address  
18169 SE FEDERAL HIGHWAY  
TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, MILLER  
18169 SE FEDERAL HIGHWAY  
TEQUESTA, FL 33469

Name *JANIE Johnson*

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

*18169 SE Federal Highway  
TEQUESTA FL 33460*

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 *Janie Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/10/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11.

TITLE P  
NAME JOHNSON, MILLER  
STREET ADDRESS 18169 SE FEDERAL HIGHWAY  
CITY-ST-ZIP TEQUESTA, FL 33469

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: *Janie Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Jan 27, 2005 8:00 am  
Secretary of State**

01-27-2005 90045 038 \*\*\*150.00

40007363



01102005 Chg-P CR2E034 (10/03)

4. FEI Number  
03-0528808  Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name *JANIE Johnson*  
Street Address (P.O. Box Number is Not Acceptable)  
City *18169 SE Federal Highway  
TEQUESTA FL 33460*

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
*P  
JANIE Johnson  
18169 SE Federal Highway  
TEQUESTA FL 33460*

1/10/05 561-744-3338  
Date  
Daytime Phone #