

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90008 031 ***150.00

DOCUMENT # P03000112794

1. Entity Name

M.J.T.I. ENTERPRISES, INC.



Principal Place of Business

1700 BROOKSIDE CIRCLE
WEST MELBOURNE FL 32904

Mailing Address

1700 BROOKSIDE CIRCLE
WEST MELBOURNE FL 32904

2. Principal Place of Business

1700 Brookshire Circle
Suite, Apt. #, etc.

3. Mailing Address

1700 Brookshire Circle
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

West Melbourne FL

Zip
32904

Country

USA

City & State

West Melbourne FL

Zip
32904

Country

USA

4. FEI Number

51-0489089

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOHNE, KARL W
1803 AIRPORT BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COHEN, JEREMIAH M
STREET ADDRESS 1700 BROOKSIDE CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ Delete
NAME COHEN, MELISSA
STREET ADDRESS 1700 BROOKSIDE CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D ☒ Change ☐ Addition
NAME COHEN, JEREMIAH
STREET ADDRESS 1700 BROOKSHIRE CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE P/D ☒ Change ☐ Addition
NAME COHEN, MELISSA A
STREET ADDRESS 1700 BROOKSHIRE CIRCLE
CITY-ST-ZIP WEST MELBOURNE, FL 32904

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

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

TITLE ☐ Change ☐ Addition
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 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:

Jeremiah M Cohen

Melissa A Cohen

3-29-04

321-726-0527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #