

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90237 033 ***150.00

DOCUMENT # P03000112794

1. Entity Name
M.J.T.I. ENTERPRISES, INC.



Principal Place of Business
**1700 BROOKSHIRE CIRCLE
WEST MELBOURNE, FL 32904**

Mailing Address
**1700 BROOKSHIRE CIRCLE
WEST MELBOURNE, FL 32904**

40064518



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
51-0489689

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BOHNE, KARL W
1803 AIRPORT BLVD.
MELBOURNE, FL 32901**

Name **Melissa Cohen**
Street Address (P.O. Box Number is Not Acceptable)
1700 Brookshire Circle
City **W. Melbourne** **FL** Zip Code **32904**

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 *Melissa Cohen* **Melissa Cohen, Reg. Agent** **1/20/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **Cohen, Jeremiah M.**
STREET ADDRESS **1700 Brookshire Circle**
CITY-ST-ZIP **W. Melbourne FL 32904**

TITLE **PD** ☐ Delete
NAME **COHEN, MELISSA**
STREET ADDRESS **1700 BROOKSHIRE CIRCLE**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D/P/S/T** ☒ Change ☐ Addition
NAME **Cohen, Melissa**
STREET ADDRESS **1700 Brookshire Circle**
CITY-ST-ZIP **W. Melbourne FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Melissa Cohen* **Melissa Cohen Pres** **1/20/05** **321-4464739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #