


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000127015</b>	
1. Entity Name <b>M &amp; J PENA, INC..</b>	

Principal Place of Business <b>1002 CORKWOOD DRIVE OVIEDO, FL 32765</b>	Mailing Address <b>1002 CORKWOOD DRIVE OVIEDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>56-2410027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PENA, MARIA S  
1002 CORKWOOD DRIVE  
OVIEDO, FL 32765**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, MANUEL 1002 CORKWOOD DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENA, JUAN 1002 CORKWOOD DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, MARIA 1002 CORKWOOD DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000311030  
04/18/05-80028-006 150.00

**DO NOT WRITE IN THIS SPACE**

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: Manuel Pena  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #