2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400033613

Principal Place of Business

MJM REALTY CO. INC.

517 S. FRANKLIN STREET HEMPSTEAD, NY 11550 Mailing Address

517 S. FRANKLIN STREET HEMPSTEAD, NY 11550

FILED Jul 07, 2006 8:00 am Secretary of State

07-07-2006 90003 023 ***558.75

50021828



DO NOT WRITE IN THIS SPACE

07052006 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3713765 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the joins of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALTERS, JAMES J 517 S. FRANKLIN STREET HEMPSTEAD, NY 11550				
NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, MARK S 182-17 MIDLAND PKWY JAMAICA ESTATES, NY 11432				
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		"			

12. I hereby certify that the information supplied with this filting 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:

STREET ADDRESS CITY - ST - ZIP

JAMES JUMUS JAMES J SAUTERS
GRAFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 0

(516)489-5943

Daytime Phone #