


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90273 016 ***150.00

DOCUMENT # P04000075505 1. Entity Name MRJ OF BROWARD, INC.			
Principal Place of Business 1946 TYLER STREET HOLLYWOOD, FL 33020		Mailing Address 1946 TYLER STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business One Financial Plaza Suite, Apt. #, etc. 100 SE 3rd Ave., Ste. 1400		3. Mailing Address One Financial Plaza Suite, Apt. #, etc. 100 SE 3rd Ave., Ste. 1400	
City & State Ft. Lauderdale, FL Zip 33394		City & State Ft. Lauderdale, FL Zip 33394	
Country USA		Country USA	
4. FEI Number 34-2003326		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANKUTA, DAVID B 1946 TYLER STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name David B. Mankuta Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza 100 SE 3rd Avenue, Suite 1400 City Ft. Lauderdale, FL Zip Code 33394	
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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANKUTA, DAVID B 1946 TYLER STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David B. Mankuta One Financial Plaza, 100 SE 3rd Ave., Ste 1400 Ft. Lauderdale, FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR		Date _____ Daytime Phone # (954) 925-5501	