


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90326 005 \*\*\*150.00

DOCUMENT # P04000101544  
 1. Entity Name  
 MJ'S SCREEN ENCLOSURE RESTORATIONS, INC.



Principal Place of Business      Mailing Address  
 8214 MAUREEN AVE                      8214 MAUREEN AVE  
 NORTH PORT, FL 34287                  NORTH PORT, FL 34287

**66019406**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

01202005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 57-1208035      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MICHELE  
 8214 MAUREEN AVE  
 NORTH PORT, FL 34287

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, MICHELE 8214 MAUREEN AVE NORTH PORT, FL 34287 <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	SEC COHEN, JOSEPH 8214 MAUREEN AVE NORTH PORT, FL 34287 <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	V GAGE, MICHAEL V 8214 MAUREEN AVE. NORTH PORT, FL 34287 <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: Michelle Cohen      Date: 4-23-05      Daytime Phone #: 420-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR