

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101544

FILED
Apr 17, 2009
Secretary of State

Entity Name: MJ'S SCREEN ENCLOSURE RESTORATIONS, INC.

Current Principal Place of Business:

1001 S. WAPELLO ST.
NORTH PORT, FL 34286

New Principal Place of Business:

4258 WESLY LN.
NORTH PORT, FL 34287

Current Mailing Address:

1001 S. WAPELLO ST
NORTH PORT, FL 34286

New Mailing Address:

4258 WESLY LN.
NORTH PORT, FL 34287

FEI Number: 57-1208635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHELE
1001 S. WAPELLO ST
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

COHEN, MICHELE M PRESIDE
4258 WESLEY LN.
NORTH PORT, FL 34287 US

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.

SIGNATURE: MICHELE M COHEN

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, MICHELE
Address: 1001 S. WAPELLO ST.
City-St-Zip: NORTH PORT, FL 34286

Title: SEC () Delete
Name: COHEN, JOSEPH
Address: 1001 S WAPELLO ST
City-St-Zip: NORTH PORT, FL 34286

Title: V (X) Delete
Name: GAGE, MICHAEL V
Address: 1001 S. WAPELLO ST
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, MICHELE M PRESIDE
Address: 4258 WESLEY LN.
City-St-Zip: NORTH PORT, FL 34287

Title: V (X) Change () Addition
Name: COHEN, JOSEPH VICE PR
Address: 4258 WESLEY LN.
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE M COHEN

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date