

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101544

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4258 WESLY LN.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

5948 JAVA CT  
NORTH PORT, FL 34287

**Current Mailing Address:**

4258 WESLY LN.  
NORTH PORT, FL 34287

**New Mailing Address:**

5948 JAVA CT  
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 M PRESIDE  
4258 WESLEY LN.  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

COHEN, MICHELE M PRESIDE  
5948 JAVA CT  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/04/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, MICHELE M PRESIDE  
Address: 5948 JAVA CT  
City-St-Zip: NORTH PORT, FL 34287

Title: V  
Name: COHEN, JOSEPH VICE PR  
Address: 5948 JAVA CT  
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: MICHELE COHEN

Electronic Signature of Signing Officer or Director

PRES

04/04/2012

Date