


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000102758 1. Entity Name M J M ENTERPRISES OF BRANDON, INC.	
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Principal Place of Business 1113 W.MLK JR. BLVD. DR.. SEFFNER,, FL 33584	Mailing Address 608 ELAINE DR. BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



06062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1371446	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERLONGHI, JACINIRA 608 ELAINE DR. BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERLONGHI, JACINIRA 608 ELAINE DR. BRANDON, FL 33511
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06/16/06-80001-020 150.00

12. I hereby certify that the information supplied with this filing 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: <i>Jacinira Merlonghi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6/10/06 <small>Date</small>	(813)385-0062 <small>Daytime Phone #</small>
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