
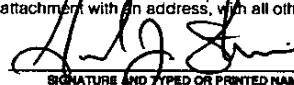


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90069 016 \*\*\*150.00

<b>DOCUMENT # P04000138729</b> 1. Entity Name <b>MSHJ, INC.</b>			
Principal Place of Business <b>C/O JONATHAN H GREEN &amp; ASSOCIATES PA 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131-2816</b>		Mailing Address <b>C/O JONATHAN H GREEN &amp; ASSOCIATES PA 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131-2816</b>	
2. Principal Place of Business <b>PO BOX 133650</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 133650</b> Suite, Apt. #, etc.	
City & State <b>HALEAH FL</b>		City & State <b>HALEAH FL</b>	
Zip <b>33013</b> Country <b>USA</b>		Zip <b>33013</b> Country <b>USA</b>	
4. FEI Number <b>20-1740917</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GREEN, JONATHAN H C/O JONATHAN H GREEN &amp; ASSOCIATES PA 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131-2816</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT STEIRN, HOWARD PO BOX 133650 HALEAH, FL 33013</b> <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	<b>DVS ARONOFF, JULIE PO BOX 133650 HALEAH, FL 33013</b> <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
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
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.			
<b>SIGNATURE:</b>  <b>HOWARD STEIRN</b>		<b>3-16-05 35633-5221</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**50027585**



03142005 Chg-P CR2E034 (10/03)