

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000146436

Entity Name: MDJC GROUP INC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

622 SOUTH PINE STREET
APT # 4
LAKEWORTH, FL 33460

New Principal Place of Business:

1027 SW 27TH PLACE
BOYNTON BEACH, FL 33426

Current Mailing Address:

146-26 230 STREET
ROSEDALE, NY 11413

New Mailing Address:

3384 PENN ESTATES
E STROUDSBURG, PA 18301

FEI Number: 20-1790225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUVIOSE, ODET J
1864 NW 140 TERRACE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: ODET PLUVIOSE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHEL, MERLENE J
Address: 83 PRINCETON STREET
City-St-Zip: VALLEY STREAM, NY 11580

Title: VP () Delete
Name: JEAN-BAPTISTE, DANIE
Address: 49 CUMBERLAND PLACE
City-St-Zip: VALLEY STREAM, NY 11580

Title: D () Delete
Name: MONESTIME, JEAN BAPTISTE
Address: 4820 BYERS ROAD
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: MONESTIME, CAMILLE
Address: 146-26 230 STRREET
City-St-Zip: ROSEDALE, NY 11413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MONESTIME, CAMILLE
Address: 3384 PENN ESTATES
City-St-Zip: E STROUDSBURG, PA 18301

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILLE MONESTIME

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date