

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146436

Entity Name: MDJC GROUP INC

FILED  
May 29, 2007  
Secretary of State

**Current Principal Place of Business:**

1027 SW 27TH PLACE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

3384 PENN ESTATES  
E STROUDSBURG, PA 18301

**New Mailing Address:**

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: \_\_\_\_\_

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: 3384 PENN ESTATES  
City-St-Zip: E STROUDSBURG, PA 18301

**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: ( ) 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: CAMILLE MONESTIME

D

05/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date