

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000152940

1. Entity Name  
M J S CONSOLIDATED, INC.



Principal Place of Business  
6574 N. STATE ROAD 7 #318  
COCONUT CREEK, FL 33073

Mailing Address  
6574 N. STATE ROAD 7 #318  
COCONUT CREEK, FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122005 Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><i>41-2157486</i> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBROW DUKER & ASSOCIATES, INC.  
2832 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SCALESE, MICHAEL  
STREET ADDRESS 6574 N. STATE ROAD 7 #318  
CITY-ST-ZIP COCONUT CREEK, FL 33073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |                |   |
|----------------|---------------------------------|----------------|---|
| TITLE          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 | NAME           |   |
| STREET ADDRESS |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 | NAME           |   |
| STREET ADDRESS |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 | NAME           |   |
| STREET ADDRESS |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 | NAME           |   |
| STREET ADDRESS |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 | NAME           |   |
| STREET ADDRESS |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                                 | CITY-ST-ZIP    |   |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #