

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90026 040 \*\*\*150.00

<b>DOCUMENT # P05000033389</b> 1. Entity Name <b>MJC GROUP, INC.</b>																													
Principal Place of Business <b>8720 SHADOW WOOD BLVD #203 CORAL SPRINGS, FL 33071</b>			Mailing Address <b>8720 SHADOW WOOD BLVD #203 CORAL SPRINGS, FL 33071</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent  <b>DUBROW DUKER &amp; ASSOCIATES, PA 2832 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing.)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		DATE _____																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 10%; padding: 2px;">P</td> <td style="width: 70%; padding: 2px;"> <b>CHINAPPI, MARCIANO J</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td><b>8720 SHADOW WOOD BLVD #203</b></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td><b>CORAL SPRINGS, FL 33071</b></td> </tr> </table>			TITLE	P	<b>CHINAPPI, MARCIANO J</b> <input type="checkbox"/> Delete	NAME			STREET ADDRESS		<b>8720 SHADOW WOOD BLVD #203</b>	CITY - ST - ZIP		<b>CORAL SPRINGS, FL 33071</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 80%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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66002070



01082006 Chg-P CR2E034 (11/05)

4. FEI Number **51-0536853** ☐ Applied For  
☐ Not Applicable

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

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:** *Marvin Ching*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-06** **954-753-0975**  
Date Daytime Phone #



ATTACHMENT

66002070

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2006

MJC GROUP, INC.  
8720 SHADOW WOOD BLVD #203  
CORAL SPRINGS, FL 33071

Subject: MJC GROUP, INC.

Reference Number: P05000033389

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION