

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055275

Entity Name: MA KT JM ENTERPRISES, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

527 HARVARD PLACE
APOPKA, FL 32703

New Principal Place of Business:

2660 GRASSMOOR LOOP
APOPKA, FL 32712

Current Mailing Address:

527 HARVARD PLACE
APOPKA, FL 32703

New Mailing Address:

2660 GRASSMOOR LOOP
APOPKA, FL 32712

FEI Number: 27-0124486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALMER, MARCUS
527 HARVARD PLACE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

PALMER, MARCUS
2660 GRASSMOOR LOOP
APOPKA, FL 32712 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PALMER, MARCUS
Address: 527 HARVARD PLACE
City-St-Zip: APOPKA, FL 32703

Title: VPT () Delete
Name: KORNBLUTH, CHANDRIEKA
Address: 527 HARVARD PLACE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARCUS PALMER

PS

04/30/2008

Electronic Signature of Signing Officer or Director

Date