
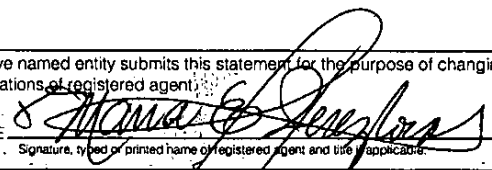
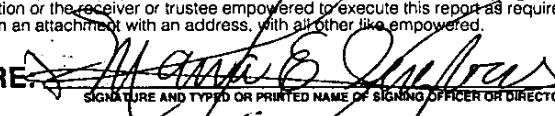


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-22-2006 90029 020 \*\*\*150.00

<b>DOCUMENT # P05000071252</b> 1. Entity Name <b>M &amp; J PARTY PLANNERS PRODUCTIONS, INC.</b>					
Principal Place of Business <b>17911 NW 68TH AVE., BLDG P-104 MIAMI LAKES, FL 33015</b>			Mailing Address <b>17911 NW 68TH AVE., BLDG P-104 MIAMI LAKES, FL 33015</b>		
2. Principal Place of Business <b>10148 Twin Lakes Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same as (2)</b> Suite, Apt. #, etc.			
City & State <b>Coral Springs FL</b> Zip <b>33071</b>		City & State <b>Coral Springs FL</b> Zip <b>33071</b>		4. FEI Number <b>20-2849936</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>GUERRA, JORGE L 17911 NW 68TH AVE., BLDG P-104 MIAMI LAKES, FL 33015</b>			7. Name and Address of New Registered Agent Name <b>MARIA ELLEN PEREZ-ROCA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10148 Twin Lakes Drive</b> City <b>Coral Springs FL</b> Zip Code <b>33071</b>		
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  DATE <b>8/17/06</b> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GUERRA, JORGE L</b> <b>17911 NW 68TH AVE., BLDG P-104</b> <b>MIAMI LAKES, FL 33015</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <b>PEREZ-ROCA MARIA E.</b> <b>10148 Twin Lakes Drive</b> <b>Coral Springs FL 33071</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PEREZ-ROCA, MARIA E</b> <b>17911 NW 68TH AVE., BLDG P-104</b> <b>MIAMI LAKES, FL 33015</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 			DATE <b>8/17/06</b> DAYTIME PHONE # <b>(954) 6833793</b>		