2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081862

Entity Name: MJ MEDICAL GROUP, INC.

FILED Jul 22, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7900 NW 27TH AVE - # D1-D2 MIAMI, FL 33147			8960 SW 87TH CT STE 15 MIAMI, FL 33176		
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
7900 NW 27TH AVE - # D1-D2 MIAMI, FL 33147			8960 SW 87TH CT STE 15 MIAMI, FL 33176		
FEI Number:	20-2963112	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
POSADA, I 11333 SW MIAMI, FL	7TH ST				
The above in the State		submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD (POSADA, MAN 11333 SW 7TH MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (POSADA, MAN 11333 SW 7TH MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL J POSADA PSTD 07/22/2006