

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90057 032 \*\*\*150.00

DOCUMENT # P06000027072

1. Entity Name  
MJ CREDIT COUNSELING SERVICES, INC.



Principal Place of Business  
13370 SW 257 TERRACE  
HOMESTEAD, FL 33032 US

Mailing Address  
13370 SW 257 TERRACE  
HOMESTEAD, FL 33032 US



2. Principal Place of Business - No P.O. Box #  
27451 SW 170 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
27451 SW 170 AVE  
Suite, Apt. #, etc.

03012007 Chg-P CR2E034 (12/06)

City & State  
HOMESTEAD, Florida  
Zip 33031 Country USA

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HOMESTEAD, Florida  
Zip 33031 Country USA

4. FEI Number 061775928  
Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

SOMARRIBA, MARIA A  
13370 SW 257TH TERRACE  
HOMESTEAD, FL 33032

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
27451 SW 170 Avenue  
City HOMESTEAD FL Zip Code 33031

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, 2007 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	<input type="checkbox"/> Delete
NAME	SOMARRIBA, MARIA A	
STREET ADDRESS	13370 SW 257TH TERRACE	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ECKERT, NUBIA	
STREET ADDRESS	13370 SW 257 TERRACE	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27451 SW 170 Avenue	
STREET ADDRESS	HOMESTEAD, FL 33031	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27451 SW 170 AVE	
STREET ADDRESS	HOMESTEAD, FL 33031	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional) Phone #