

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038319

Entity Name: M J C FINANCIAL SERVICES INC

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

1800 WEST 49TH ST, STE 3241  
HIALEAH, FL 33012

## New Principal Place of Business:

6625 MIAMI LAKES DRIVE E  
347  
MIAMI LAKES, FL 33014

## Current Mailing Address:

1800 WEST 49TH ST, STE 3241  
HIALEAH, FL 33012

## New Mailing Address:

6625 MIAMI LAKES DRIVE E  
347  
MIAMI LAKES, FL 33014

FEI Number: 20-4518240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOJO, MARIANELA A  
5761 NW 112 AVE  
STE 111  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

SOJO, MARIANELA A  
6625 MIAMI LAKES DR  
347  
MIAMI LAKES, FL 33014 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: MARIANELA SOJO

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: SOJO, MARIANELA A  
Address: 5761 NW 112 AVE STE 111  
City-St-Zip: DORAL, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: SOJO, MARIANELA A  
Address: 6625 MIAMI LAKES DR E # 347  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Change (X) Addition  
Name: JASON, MENESES  
Address: 6625 MIAMI LAKES DR E # 347  
City-St-Zip: MIAMI LAKES, FL 33014

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: MARIANELA SOJO

PSD

04/20/2009

Electronic Signature of Signing Officer or Director

Date