


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P06000138251</b>		
1. Entity Name <b>MIJODOMI, INC.</b>		
Principal Place of Business <b>1315 S. INTERNATIONAL PKWY STE 1101 LAKE MARY, FL 32746-1407 US</b>	Mailing Address <b>1315 S. INTERNATIONAL PKWY STE 1101 LAKE MARY, FL 32746-1407 US</b>	



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5830478</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MANISCALCO, DOUGLAS  
1315 S. INTERNATIONAL PKWY  
STE 1101  
LAKE MARY, FL 32746-1407**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000871367  
04/09/08-80129-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LIGUORI, JOSEPH C 5412 BIRCHBEND LOOP OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MANISCALCO, DOUGLAS 3292 OAKMONT TERRACE LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LIGUORI, MICHAEL 7460 WOODBURN COURT WINTER PARK, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GRIFFIS, MICHAEL 1224 RUSTIC DRIVE ORLANDO, FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #

3/25/08 407-249-0131