
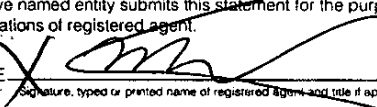
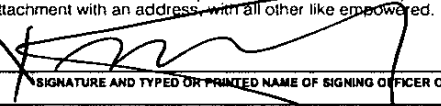


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90333 050 \*\*\*150.00

<b>DOCUMENT # P07000018619</b> 1. Entity Name <b>MJ MANAGEMENT &amp; SERVICES INC</b>					
Principal Place of Business <b>5 ISLAND AVENUE SUITE 4J MIAMI BEACH, FL 33139</b>			Mailing Address <b>5 ISLAND AVENUE SUITE 4J MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box # <b>2501 Brickell Ave</b>		3. Mailing Address <b>2501 Brickell Ave</b>			
Suite, Apt. #, etc. <b>Suite # 509</b>		Suite, Apt. #, etc. <b>Suite # 509</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>			
Zip <b>33129</b>	Country <b>USA</b>	Zip <b>33129</b>	Country <b>USA</b>		
4. FEI Number <b>01-1520536</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CONTRERAS, MIGUEL A 5 ISLAND AVENUE SUITE 4J MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>Contreras Miguel</b> Street Address (P.O. Box Number is Not Acceptable) <b>2501 Brickell Ave Suite 509</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33129</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  <b>4/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONTRERAS, MIGUEL</b> <b>5 ISLAND AVENUE SUITE 4J</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Contreras Miguel</b> <b>2501 Brickell Ave # 509</b> <b>Miami FL 33129</b> <input checked="" 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	
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: 			<b>4/23/08</b> (305) 772 7183		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					