

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000046513

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** MJ FANTASY LEAGUES MANAGEMENT, INC.

**Current Principal Place of Business:**

12259 NW 10TH STREET  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

12259 NW 10TH STREET  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELLAW REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE, SUITE #850  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PAVLOU, MICHAEL  
Address: 12259 NW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST  
Name: PAVLOU, JENNIFER CABAN  
Address: 12259 NW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PAVLOU

PD

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date