


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P23469 1. Entity Name MJK BROWN LTD. CORP. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 520 MACDONALD ROAD OAKVILLE, ON L6J 2-B9 CA | Mailing Address 520 MACDONALD ROAD OAKVILLE, ON L6J 2-B9 CA |
|---|---|

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BRUNTON REGISTERED AGENTS, INC.,
4710 NW BOCA RATON BLVD.
#101
BOCA RATON, FL 33431

**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, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PC BROWN, MARTIN J.K. 520 MACDONALD ROAD OAKVILLE, ON L6J 2B9 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S BROWN, LYNN 520 MACDONALD ROAD OAKVILLE, ON L6J 2B9 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000098841
03/26/04-80013-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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

MAR 18 04 905845 7584
Date Daytime Phone #