


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90079 039 ***150.00

DOCUMENT # P93000054905 1. Entity Name MJA, INC.					
Principal Place of Business 535 HIALEAH DR HIALEAH, FL 33013 US			Mailing Address 535 HIALEAH DR HIALEAH, FL 33013 US		
2. Principal Place of Business ✓ 374 SW 186 WAY Suite, Apt. #, etc.		3. Mailing Address ✓ 374 SW 186 WAY Suite, Apt. #, etc.			
City & State MIRAMAR FL		City & State MIRAMAR FL		4. FEI Number 65-0435149	
Zip 33029		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANZER, MASOOD 535 HIALEAH DR HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name JUNAID AKBAR Street Address (P.O. Box Number is Not Acceptable) ✓ 374 SW 186 WAY City MIRAMAR FL Zip Code 33029		
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: <u>X Junaid Akbar</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANZER, MASOOD 535 HIALEAH DR HIALEAH, FL 33013 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASOOD MANZER ✓ 374 SW 186 WAY MIRAMAR FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKBAR, JUNAID 535 HIALEAH DR HIALEAH, FL 33013 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JUNAID AKBAR ✓ 374 SW 186 WAY MIRAMAR FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHMOOD, KHALID 10233 SW 12 ST PEMBROKE PINES, FL <input checked="" 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	SD AKBAR, JUNAID 1341 SW 104TH AVENUE PEMBROKE PINES, FL <input checked="" 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	VPD JUNAID, FOUZIA 1341 SW 104TH AVENUE PEMBROKE PINES, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAUZIA JUNAID ✓ 374 SW 186 WAY MIRAMAR FL 33029 <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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <u>X Junaid Akbar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					