2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Jan 17, 2006 8:00 am Secretary of State **DOCUMENT # P93000054905** 01-17-2006 90248 032 ***150.00 1. Entity Name MJA, INC. Principal Place of Business Mailing Address 5374 SW 186 WAY 5374 SW 186 WAY MIRAMAR, FL 33029 MIRAMAR, FL 33029 1115 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0435149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANZER, MASOOD Street Address (P.O. Box Number is Not Acceptable) 5374 SW 186 WAY MIRAMAR, FL 33029 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Detete TITLE ☐ Change ☐ Addition MANZER, MASOOD NAME NAME STREET ADDRESS 5374 SW 186 WAY STREET ADDRESS MIRAMAR, FL 33029 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change Addition AKBAR, JUNAID NAME NAME STREET ADDRESS 5374 SW 186 WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33029 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE JUNAID, FOUZIA NAME NAME 5874 SW 186 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33029 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a chapter 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 in Block 10 or Block 11 if changed, or on a chapter 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.

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