

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**


03-31-2005 90044 043 \*\*\*150.00

40043158



03282005 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0460333</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |   |
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| <b>DOCUMENT # P93000071514</b><br>1. Entity Name<br><b>M.J.A. GROUP, CORP.</b> |  |
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| Principal Place of Business<br><b>865 COLLINS AVENUE., SUITE B<br/>MIAMI BEACH, FL 33139</b> | Mailing Address<br><b>5055 COLLINS AVENUE., #12H<br/>MIAMI BEACH, FL 33140</b> |
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| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br><b>865 COLLINS AVE<br/>SUITE B<br/>MIAMI BEACH, FL<br/>33139</b><br>Country<br><b>US</b> |
|--|--|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>ANOUNOU, JOSEPH<br/>5055 COLLINS AVENUE<br/>#12-H<br/>MIAMI BEACH, FL 33140</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>865 COLLINS AVE., SUITE B</b><br>City<br><b>MIAMI BEACH</b> FL Zip Code<br><b>33139</b> |
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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 **JOSEPH ANOUNOU** DATE **3/28/2005**  
(Signature, typed or printed name of registered agent and this if applicable) (NOTE: Registered Agent signature required when reappointing)

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|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDT<br/>ANOUNOU, JOSEPH<br/>5055 COLLINS AVENUE., #12H<br/>MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>865 COLLINS AVE., SUITE B<br/>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>ANOUNOU, MOSHE<br/>400 LESLIE DR., #720<br/>HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: **JOSEPH ANOUNOU** DATE **3/28/2005** DAYTIME PHONE **305-673-3668**  
(Signature, typed or printed name of signing officer or director)