

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90419 019 ***150.00

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1. Entity Name
M.J.A. GROUP, CORP.



Principal Place of Business
**865 COLLINS AVENUE., SUITE B
MIAMI BEACH, FL 33139**

Mailing Address
**365 COLLINS AVE
SUITE 8
MIAMI BEACH, FL 33139**

2. Principal Place of Business

3. Mailing Address

865 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

City & State
MIAMI BEACH, FLORIDA

Zip

Country

Zip

Country

33139

USA

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0460333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANOUNOU, JOSEPH
865 COLLINS AVE
SUITE B
MIAMI BEACH, FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete
NAME **ANOUNOU, JOSEPH**
STREET ADDRESS **865 COLLINS AVE, SUITE B**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **VSD** ☐ Delete
NAME **ANOUNOU, MOSHE**
STREET ADDRESS **400 LESLIE DR., #720**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH ANOUNOU

3/23/2006

305-673-3668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #