


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90017 014 ***150.00

DOCUMENT # P94000063083	
1. Entity Name MJT REALTY TRUST, INC.	

Principal Place of Business 4670 N.E. 5TH AVENUE FT LAUDERDALE, FL 33334	Mailing Address 4670 N.E. 5TH AVENUE FT LAUDERDALE, FL 33334
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2. Principal Place of Business 4670 N.E. 5th Avenue	3. Mailing Address P.O. Box 23926
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oakland Park, FL	City & State Oakland Park, FL
Zip 33334	Country USA
Zip 33307	Country USA

6. Name and Address of Current Registered Agent TAMULYNAS, MICHAEL J 4670 N.E. 5TH AVENUE FT LAUDERDALE, FL 33334	
7. Name and Address of New Registered Agent Name Tamulynas, Michael J -- Street Address (P.O. Box Number is Not Acceptable) 4670 N.E. 5th Avenue City Oakland Park FL Zip Code 33334	

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 Michael J Tamulynas <i>Michael J Tamulynas</i>	DATE 1/2/2005

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS TAMULYNAS, MICHAEL J 4670 N.E. 5TH AVENUE FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Tamulynas, Michael J 4670 N.E. 5th Avenue Oakland Park, FL 33334 <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
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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 I am empowered.	
SIGNATURE: <i>Michael J Tamulynas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/2/2005 DAYTIME PHONE # 954 492-0189

MICHAEL J TAMULYNAS