


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000004575	
1. Entity Name M & J ELEVATOR, INC.	

Principal Place of Business 12900 NW 30TH AVE OPA LOCKA, FL 33054 US	Mailing Address 12900 NW 30TH AVE OPA LOCKA, FL 33054 US
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0633121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ORTIZ, JOSEPH A.
1000 NW 150 ST
OPA LOCKA, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000115893
04/16/04-80043-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, JOSEPH A 1000 N.W. 150 ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, RITA D 1000 N.W. 150 ST. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, JOSEPH A JR 5685 NW 194 LANE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, NICOLAS D 19940 NW 83 AVE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 in an attachment with an address, with all power like empowered.

SIGNATURE:  **Joseph A. Ortiz** **4-14-04** **305 681-1192**