

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004575

Entity Name: M & J ELEVATOR, INC.

FILED  
Jan 05, 2005  
Secretary of State

**Current Principal Place of Business:**

12900 NW 30TH AVE  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

12900 NW 30TH AVE  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

FEI Number: 65-0633121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ORTIZ, JOSEPH A  
Address: 1000 N.W. 150 ST.  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: ORTIZ, RITA D  
Address: 1000 N.W. 150 ST.  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: ORTIZ, JOSEPH A JR  
Address: 5885 NW 194 LANE  
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete  
Name: ORTIZ, NICOLAS D  
Address: 19940 NW 83 AVE  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE ORTIZ

D

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date