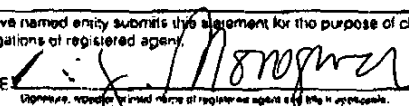
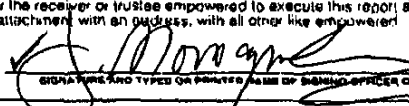


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90456 018 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000032759			
1. Entity Name M.J.S. ASSOCIATES CORP.			
Principal Place of Business 3543 N.W. 61ST CIRCLE WOODFIELD COUNTRY CLUB BOCA RATON, FL 33496		Mailing Address 3543 N.W. 61ST CIRCLE WOODFIELD COUNTRY CLUB BOCA RATON, FL 33496	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02202004		Cng-P CR2E004 (10/03)	
4. FEI Number 85-0657664		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	
NOVOGRODZKI, JULIO 3543 N.W. 61ST CIRCLE WOODFIELD COUNTRY CLUB BOCA RATON, FL 33496		Name NOVOGRODZKI, JULIO Street Address (P.O. Box Number is Not Acceptable) 3543 N.W. 61ST CIRCLE WOODFIELD COUNTRY CLUB City BOCA RATON FL Zip Code 33496	
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 		DATE 4/20/04	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P NOVOGRODZKI, SUSAN 1030 LAKE AVENUE GREENWICH, CT 06831 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V NOVOGRODZKI, MARIO 5 DEBBIE COURT MANALAPAN, NJ 07726 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ 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: 		DATE 4/20/04	
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR		Date	