

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000089131

1. Entity Name

MJ FOOD SERVICE, INC.



Principal Place of Business

**231 N.W. 109 AVE. #106
MIAMI FL 33172**

Mailing Address

**231 N.W. 109 AVE. #106
MIAMI FL 33172**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0703859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERO, MANUEL
231 N.W. 109 AVE. #106
MIAMI FL 33172**

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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	P	<input type="checkbox"/> Delete
NAME	HERRERO, MANUEL	
STREET ADDRESS	5107 DALIL PEPPER RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERRERO, DEBORA J	
STREET ADDRESS	5107 DALIL PEPPER RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

**U000000835981
02/29/08-80056-017 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #