

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/21/2005-90220-002-\$150.00-\$150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |         |  |                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000094487</b><br>1. Entry Name<br><b>MJB MANAGEMENT SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |         |  |                                                                                                                                                                                                        |                                                                                                                                         | <b>FILED</b><br><b>05 MAY 19 PM 3:43</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>19501 NE 10TH AVE SUITE 300</b><br><b>N MIAMI BEACH, FL 33179 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |         |  | Mailing Address<br><b>50 N E 19TH AVE</b><br><b>N MIAMI BEACH, FL 33162</b>                                                                                                                            |                                                                                                                                         |                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                              |                                                                                                                                         |                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |         |  | City & State                                                                                                                                                                                           |                                                                                                                                         |                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | Country |  | Zip                                                                                                                                                                                                    |                                                                                                                                         | Country                                                                                              |  |
| 4. FEI Number<br><b>65-0719315</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |         |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                 |                                                                                                                                         |                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |         |  | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                  |                                                                                                                                         |                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BORONAT, MARITZA</b><br><b>322 BUCHANAN ST #705</b><br><b>HOLLYWOOD, FL 33019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |         |  | 7. Name and Address of New Registered Agent<br>Name <b>MARITZA BORDNAT</b><br>Street <b>M.J.B Management Services</b><br><b>19501 NE 10th Ave Suite 300</b><br>City <b>Miami, FL 33179</b><br>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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |         |  |                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                    |                                                                                                                                         |                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                  |                                                                                                                                         |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>BORONAT, MARITZA<br>1351 NE 186TH ST #1714 E<br>NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | SD<br>BORONAT, MARITZA<br>322 Buchanan St #705<br>HOLLYWOOD, FL 33019 <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>BORONAT, LIDIA V<br>19288 NW 91ST CT<br>MIAMI, FL 33018 <input type="checkbox"/> Delete                     |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | TD<br>BORONAT, LIDIA<br>12901 SW 42ST<br>MIAMI, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>BORONAT, JOSEPH<br>1936 NE 193 ST<br>MIAMI, FL 33179 <input type="checkbox"/> Delete                        |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered. |                                                                                                                   |         |  |                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                      |  |
| SIGNATURE: <u>M. Boronat</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |         |  | 4-13-05 305-452-3701<br><small>Date Daytime Phone #</small>                                                                                                                                            |                                                                                                                                         |                                                                                                      |  |

5/25/05