

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000095656

1. Entity Name
M & J CONSULTING AND SALES, INC.



Principal Place of Business
13255 SW 16TH CT
K-214
PEMBROKE PINES, FL 33027

Mailing Address
13255 SW 16TH CT
K-214
PEMBROKE PINES, FL 33027



DO NOT WRITE IN THIS SPACE

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0713381

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBEN, MARCUS
13255 SW 16TH CT. K-214
PEMBROKE PINES, FL 33027

**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

Marcus Ruben

(NOTE: Registered Agent signature required when reinstating)

4-8-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUBEN, MARCUS
STREET ADDRESS 13255 SW 16TH CT. K-214
CITY-ST-ZIP PEMBROKE, FL 33027

TITLE ST
NAME RUBEN, JEANETTE
STREET ADDRESS 13255 SW 16TH CT K-214
CITY-ST-ZIP PEMBROKE, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000308264
04/15/05-80089-006 150.00

**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)(f), 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:

Marcus Ruben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05
Date Daytime Phone #