


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90177 014 ***150.00

DOCUMENT # P97000006567					
1. Entity Name MICJO, INC.					
Principal Place of Business 18301 BITTERN AVENUE LUTZ, FL 33549			Mailing Address 18301 BITTERN AVENUE LUTZ, FL 33549		
2. Principal Place of Business 18301 Bittern Ave			3. Mailing Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lutz FL		City & State Same		4. FEI Number 59-3420419	
Zip 33558		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYAD, MARGARET M 18301 BITTERN AVENUE LUTZ, FL 33549			7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): Same City: Same FL Zip Code: 33558		
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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			DATE _____		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME AYAD, MARGARET M		<input type="checkbox"/> Delete		
STREET ADDRESS 18301 BITTERN AVENUE	CITY-ST-ZIP LUTZ, FL 33549		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VT	NAME AYAD, NAGI S		<input type="checkbox"/> Delete		
STREET ADDRESS 18301 BITTERN AVENUE	CITY-ST-ZIP LUTZ, FL 33549		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nagi S. Ayad</i>			4/5/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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