


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91221 006 ***150.00

DOCUMENT # P97000080893	
1. Entity Name M & J CANS INC.	

Principal Place of Business 1180 RIDGE DRIVE PALM HARBOR, FL 34683 US	Mailing Address 1180 RIDGE DRIVE PALM HARBOR, FL 34683 US
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2. Principal Place of Business 14831 Battenwood Drive	3. Mailing Address 14831 Battenwood Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Spring Hill, FL	City & State Spring Hill, FL
Zip 34610	Country USA



02112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GURAVICH, MICHAEL 1180 RIDGE DRIVE PALM HARBOR, FL 34683	
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4. FEI Number 59-3474527	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 14831 Battenwood Drive	
City Spring Hill,	FL Zip Code 34610

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME GURAVICH, MICHAEL		NAME 14831 Battenwood Drive	
STREET ADDRESS 1180 RIDGE DRIVE		STREET ADDRESS Spring Hill, FL 34610	
CITY-ST-ZIP PALM HARBOR, FL 34683			
TITLE SD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LAWRENCE, KATHLEEN		NAME	
STREET ADDRESS 1180 RIDGE DR.		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR, FL 34683		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	Michael Guravich, President	4/21/2004	727-857-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #