

FROM : SUAREZ-BASTER

FAX NO. : 3058840669

Apr. 12 2005 03:24PM P2

**FILED****Apr 18, 2005 08:00 AM**  
**Secretary of State****2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # P98000004885****1. Entity Name**  
**M.M.J.G. ENTERPRISE, INC.****Principal Place of Business****16916 NW 83 COURT  
MIAMI, FL 33016****Mailing Address****16916 NW 83 COURT  
MIAMI, FL 33016**

02092005 No Chg-P CR2E034 (10/03)

**4. FEI Number****65-0810135****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****GARCIA, JUAN J  
16916 NW 83 COURT  
MIAMI, FL 33016****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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

**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**  
**GARCIA, JUAN J**  
**STREET ADDRESS**  
**16916 NW 83 COURT**  
**CITY-ST-ZIP**  
**MIAMI, FL 33016****TITLE**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
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**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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)(D), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05