

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000068172

1. Entity Name  
MJ HOTELS OF PITTSBURGH, INC.



Principal Place of Business  
1601 BELVEDERE RD, STE 407 So.  
WEST PALM BEACH, FL 33406

Mailing Address  
1601 BELVEDERE RD, STE 407  
WEST PALM BEACH, FL 33406



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0852931

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**

MEYER, WILLIAM A  
1601 BELVEDERE RD, STE 407 So.  
WEST PALM BEACH, FL 33406

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office, 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 reinstating)

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	PS
NAME	JABARA, RICHARD G
STREET ADDRESS	7 KENOSIA AVE., SUITE 2A
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	VS
NAME	MEYER, WILLIAM A
STREET ADDRESS	1601 BELVEDERE RD, STE 407 So.
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000297681  
04/11/05-80038-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William A. Meyer

April 8, 2005 561-689-6602