2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068172

Entity Name
 MJ HOTELS OF PITTSBURGH, INC.



Principal Place of Business

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

Mailing Address

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

FILED Mar 19, 2007 08:00 A Secretary of State



01052007	No Chq-P	CR2E034 (11/05)	

 4. FEI Number
 Applied For

 65-0852931
 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 WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

WEST PAI	M BEACH, FL 33406			IN T	HIS SPACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	stered office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	app#cable. (NOTE: Regit	stered Agent signature	required when rainstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PS JABARA, RICHARD G 7 KENOSIA AVE., SUITE 2A DANBURY, CT 06810 VS MEYER, WILLIAM A 1601 BELVEDERE RD, STE 407 WEST PALM BEACH, FL 33406	TORS			U00000672342 03/28/07-80064-025 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3 (1) (5)	, see See	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

William A. Meyer 01/15/-07 561-289-6602