2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099775

Entity Name: MJM INVESTMENT GROUP, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
13018 NE NORTH M	8TH AVE 1IAMI, FL 33161			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
13018 NE NORTH M	8TH AVE IIAMI, FL 33161			
FEI Number	: FEI Number Applied For	() FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Age	nt: Name and Address	of New Registered Agent:	
13018 NE MIAMI, FL The above		or the purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delete MONESTIME, JEAN 6242 NW 201 TER MIAMI, FL 33015	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X) Delete PIERE-LOUIS, JACQUES 6242 NW 201 TER MIAMI, FL 33015	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MONESTIME, KETTIA 6242 NW 201 TER MIAMI, FL 33015	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DB (X) Delete JULES, JEAN 10315 NW 2ND COURT MIAMI, FL 33150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DV (X) Delete MANUEL, JUSTIN 13015 NW 2ND COURT	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JEAN MONESTIME PD 04/30/2005

City-St-Zip: MIAMI, FL 33150