


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000012732</b>	
1. Entity Name <b>M &amp; J ALTERATIONS INC.</b>	

Principal Place of Business <b>9240 S.W. 183 TERR. MIAMI, FL 33157</b>	Mailing Address <b>9240 S.W. 183 TERR. MIAMI, FL 33157</b>
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01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0900973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GAY, MARTHA E 9240 SW 183 TERR MIAMI, FL 33157</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>GAY, MARTHA E 9240 SW 183 TERR MIAMI, FL 33157</b>
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03/12/05-80039-020 150.00

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 of 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:** *Martha E. Gay* *MARTHA E GAY* **3-10-05** **305 255 5012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #