d E

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900030104

1. Entity Name M.G.J. & ASSOCIATES, INC.



FILED
Jan 22, 2004 08:00 AM
Secretary of State

Principal Place of Business 45 S.W. 19TH ROAD

MIAMI, FL 33129

Mailing Address 45 S.W. 19TH ROAD MIAMI, FL 33129



DO N	OT	WRITE	IN THIS	S SPACE
------	----	-------	---------	---------

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0909002 Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

3058582212

6. Name and Address of Current Registered Agent

SERNA, JUAN A JR. 45 S.W. 19TH ROAD MIAMI, FL 33129

## DO NOT WRITE IN THIS SPACE

				III IIII OI AGE		
	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title i	I applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS				
NTLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, MIGDALIA G 45 S.W. 19TH ROAD MIAMI, FL 33129				the control of the co	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					000000009728 01/22/04-80002-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SY-ZIP						
12. I hereby of indicated of the conchanged,	pertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exer and accurate and that my signat to execute this report as requir other like empowered.	nption state ure shall ha ed by Chap	d in Section 119.07(3) ve the same legal effecter 607, Florida Statute	(i), Florida Statutes. I further certify that the Information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	