03/09/2005 15:23 3058540575 JUAN SERNA

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90044 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000030104

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

Principal Place of Business	Mailing Address
45 S.W. 19TH ROAD MIAMI, FL 33129	45 S.W. 19TH ROAD MIAMI, FL 33129

2. Principal Place of Business	3. Mailing Address
7757 NW 146 St	7757 NW 146 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes Fl	City & State: Miami Lakes Fl
Zip: 33016 Country: USA	Zip: 33016 Country: USA

03092005 Chg-P CR2E034 (10/02)

4. FEI Number: 65-0909002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SERNA, JUAN A JR.
45 S.W. 19TH ROAD
MIAMI, FL 33129

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 7757 N.W. 146 street
City: Miami Lakes FL Zip Code: 33016

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: D NAME: FLORES, MIGDALIA G STREET ADDRESS: 45 S.W. 19TH ROAD CITY-ST-ZIP: MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS: 7757 NW 146 St CITY-ST-ZIP: Miami Lakes, Fl 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X Migdalia Garcia-Flores X 3/11/05 X 305-827-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #