2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 08:00 AM P99000056216 DOCUMENT# Entity Name **Secretary of State** MAJJAC ENTERPRISES, INC. Principal Place of Business Mailing Address 7629 SANTE TERR. 7629 SANTE TERR. LAKE WORTH FL LAKE WORTH FL 33467 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH MICHAEL CLARK MICHAEL 12798 FOREST HILL BLVD.,STE.201A Street Address (P.O. Box Number is Not Acceptable) 7629 SANTEE TERR WELLINGTON FL33414 City Zip Code LAKE WORTH 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. 01/31/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V/S TITLE ☐ Delete TITLE ☐ Addition JOHNSON MAME ANITA NAME 7629 SANTEE TERRACE STREET ADDRESS STREET ADDRESS LAKE WORTH CITY-ST-ZIP FL 33467 CITY-ST-ZIP P/T ☐ Delete TITLE ☐ Change NAME CLARK MICHAEL NAME STREET ADDRESS 7629 SANTEE TERRACE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

01/31/2001

Date

Daytime Phone #

SIGNATURE: _ Michael A Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)