∠UU5 FUR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED BOCUMENT # P99000076474 Apr 11, 2005 08:00 AM Secretary of State 1. Entity Name MJT OF PALM BEACH, INC. Principal Place of Business Mailing Address % ROBIN J. PRESTI 2100 45TH STREET, B-17 % ROBIN J. PRESTI 2100 45TH STREET, B-17 W. PALM BEACH FL 33407 W. PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0947475 Not Applicat Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRESTI, ROBIN J Street Address (P.O. Box Number is Not Acceptable) MICHAEL'S CAFE AND DELI 2100 45TH STREET, B-17 WEST PALM BEACH FL 33407 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** 100 TOTALE ☐ Delete Change Addition NAME PRESTI, ROBIN J NAME U00000297653 04/11/05-8003?-018 150.00 STREET ADDRESS 2100 45TH STREET B-17 STREET ADORESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZiP TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Additir NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE Delete THUE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILLE Delete Addition Hitt Change NAME NAME STREET ADDRESS STHEET ADDRESS CITY ST-ZIP CHY-ST-ZP THILE Delete THEE Change 🔲 Addilii NAME NAME STREET ADORESS STREET ADDRESS CLTY-ST-ZIP

12. I hereby certify that the information supplied with this tiling 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 supplies that 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 received of truetee empowered indexidual true that I am an officer or director of the corporation or the received of truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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