


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083046 1. Entity Name MAJKO INC	
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Principal Place of Business 10561 ROYAL CARIBBEAN CIR. BOYNTON BEACH, FL 33437	Mailing Address 10561 ROYAL CARIBBEAN CIR. BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COHEN, JOEL 10561 ROYAL CARIBBEAN CIR. BOYNTON BEACH, FL 33437	DO NOT WRITE IN THIS SPACE
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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 registering)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, JOEL 10561 ROYAL CARIBBEAN CIRCLE BOYNTON BEACH, FL 33437
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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 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 another like empowered.

SIGNATURE: JOEL COHEN **2/23/04** **561-742-9695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #