

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094183

Entity Name: MIKJAM, INC.

FILED  
Apr 12, 2007  
Secretary of State

## Current Principal Place of Business:

4610 NW 9TH CT.  
PLANTATION, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

8463 N LAKE FOREST DR  
FORT LAUDERDALE, FL 33328

## New Mailing Address:

FEI Number: 65-0959669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THELMA LOCKHART, HARVEY AND  
8463 N LAKE FOREST DR.  
FORT LAUDERDALE, FL 33328 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete  
Name: LOCKHART, HARVEY  
Address: 8463 N LAKE FOREST DR.  
City-St-Zip: DAVIE, FL 33328

Title: PSD ( ) Delete  
Name: LOCKHART, THELMA  
Address: 8463 N LKAE FOREST DR.  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY LOCKHART

VTD

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date