

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90004 013 ***150.00

DOCUMENT # P990000 96577
1. Corporation Name
M.J. BUILDERS GROUP, INC.

044010

Principal Place of Business
Mailing Address
20224 NW 52 PL
OPALOCKA, FL. 33055

DO NOT WRITE IN THIS SPACE

| | | | | | |
|----|---------------------|----|----|---------------------|---------|
| 21 | 2a. Mailing Address | 26 | 22 | 2b. Mailing Address | 27 |
| | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | |
| 22 | City & State | 27 | | City & State | |
| 23 | Zip | 28 | | Zip | Country |
| 24 | Country | 29 | | Country | |

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified | |
| 4. FEI Number 65-0958981 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

Balladares Juan Carlos
20224 NW 52 PL
OPALOCKA, FL. 33055

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and Min. if applicable. (NOTE: Registered Agent signatures required when reissuing)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | President. | <input type="checkbox"/> DELETE |
| NAME | Balladares Juan Carlos | |
| STREET ADDRESS | 20224 NW 52 PL | |
| CITY-ST-ZIP | OPALOCKA, FL. 33055 | <input type="checkbox"/> DELETE |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----|----------------|---|
| 11 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME | |
| 13 | STREET ADDRESS | |
| 14 | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 | NAME | |
| 23 | STREET ADDRESS | |
| 24 | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 | NAME | |
| 33 | STREET ADDRESS | |
| 34 | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 | NAME | |
| 43 | STREET ADDRESS | |
| 44 | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 | NAME | |
| 53 | STREET ADDRESS | |
| 54 | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 | NAME | |
| 63 | STREET ADDRESS | |
| 64 | CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan Balladares 04-29-00 (305) 430-9416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #