


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 015 ***150.00

DOCUMENT # S37329	
1. Entity Name M.J.P. INVESTMENTS, INC.	

Principal Place of Business 1949 NW 2ND AVENUE BOCA RATON FL 33432	Mailing Address 1949 NW 2ND AVENUE BOCA RATON FL 33432
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2. Principal Place of Business 4047 W ATLANTIC AVE.	3. Mailing Address 4047 W ATLANTIC AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33445	Country USA

4. FEI Number 65-0249816	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PATEL, MAHENDRA JASHBHAI 1949 NW 2ND AVENUE BOCA RATON FL 33432	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reconstituting)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, MAHENDRA JASHBHAI		NAME PATEL, MAHENDRA JASHBHAI	
STREET ADDRESS 1949 NW 2ND AVENUE		STREET ADDRESS 1949 NW 2ND AVENUE	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON FL	
TITLE VSD	<input type="checkbox"/> Delete	TITLE VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, GITA MAHENDRA		NAME PATEL, GITA MAHENDRA	
STREET ADDRESS 1949 NW 2ND AVENUE		STREET ADDRESS 1949 NW 2ND AVENUE	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE: Maheendra T Patel	Date: 4/24/06	Daytime Phone #: 561-499-3511
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