

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # S51150

1. Entity Name
THE MTJ, GROUP, INC.



Principal Place of Business
3001 GREENE ST
HOLLYWOOD, FL 33020 US

Mailing Address
3001 GREENE ST
HOLLYWOOD, FL 33020 US



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0259980
Applied For
☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HELFT, MICHEAL
6430 VIA ROIA
BOCA RATON, FL 33314

**DO NOT WRITE
IN THIS SPACE**

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 when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME HELFT, BETTINA
STREET ADDRESS 6430 VIA ROSA
CITY-ST-ZIP BOCA RATON, FL 33314

TITLE VTS
NAME HELFT, MICHAEL
STREET ADDRESS 6430 VIA ROSA
CITY-ST-ZIP BOCA RATON, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 9549230440
Date Daytime Phone #