

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32627

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: J.T. OF MIAMI, INC.

**Current Principal Place of Business:**

2805 N. STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2805 N. STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2702077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEDERICI, SONDR  
2805 N. STATE ROAD 7  
HOLLYWOOD, FL 33021      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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FEDERICI, SONDR  
Address: 2805 N. STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P  
Name: LEWIN, NAOMI  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: FEDERICI, JAMES  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: LEWIN, CURT  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: HERNANDEZ, RHONDA  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: LEWIN, HARLEY  
Address: 2805 NO. STATE ROAD #7  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: SONDR FEDERICI

VP

01/06/2012

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

\_\_\_\_\_ Date