


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 039 ***150.00

DOCUMENT # P04000036742

1. Entity Name
 SJS MANAGEMENT INC.



Principal Place of Business 2205 HICKORY RIDGE DRIVE PH VALRICO, FL 33594 US	Mailing Address 2205 HICKORY RIDGE DRIVE PH VALRICO, FL 33594 US
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3716457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKOLNICK, STEPHEN J
 2205 HICKORY RIDGE DRIVE
 PH
 VALRICO, FL 33594

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SKOLNICK, STEPHEN J 2205 HICKORY RIDGE DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE SKOLNICK, MARJORIE L 2205 HICKORY RIDGE DRIVE VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 employees.

SIGNATURE: *Steph J Skolnick* Date: 4/30/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813-928-1876