

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070104

Entity Name: JEFFREY JAMES INC.

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

1963 NW 169 AVE.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1963 NW 169 AVE.
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-4920566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, LISETTE
6890 SW 10 STREET
NORTH LAUDERDALE, FL 33068 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JAMES, JEFFREY
Address: 6890 SW 10 STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP () Delete
Name: NUNEZ, LISETTE M
Address: 1963 NW 169 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISETTE NUNEZ

VP

08/31/2007

Electronic Signature of Signing Officer or Director

Date