

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74374

FILED
Jan 14, 2009
Secretary of State

Entity Name: J & M SALES & ENTERPRISES INC

Current Principal Place of Business:

3923 SO STATE RD 7
DAVIE, FL 333142907 US

New Principal Place of Business:

Current Mailing Address:

C/O SMITH, JACK, L
3242 SW 51ST ST
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-2416418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JACK L
3242 SW 51ST ST
FT. LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JACK L
Address: 3242 SW 51ST ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: SMITH, JAY S
Address: 4501 SW 43RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: ST () Delete
Name: SCHERFER, JACQUELINE S
Address: 3242 SW 51ST ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: SMITH, WILMA D
Address: 3242 SW 51ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JACK L SMITH

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date