2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 650720

1. Entity Name

J & J SALES INC. OF BROWARD



Principal Place of Business

642 N E 40TH COURT

OAKLAND PARK, FL 33334

Mailing Address

642 N E 40TH COURT OAKLAND PARK, FL 33334

US

FILED Apr 14, 2008 08:00 A Secretary of State



04092008

No Chg-P

CR2E034 (11/05)

4,	FEI Number	
	NOT APP	LICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Nam	e and Address of (Surrent Regi	stered Agent

REES, JANET 424 SW 7 WAY BOCA RATON, FL 33486

=**r**

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8. The above named entity submit	s this statement for the purpose of	changing its registered office or regis	stered agent, or both, in the State of	Florida. I am familiar with, and accept
the obligations of registered ag				

SIGNATURE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, 2008 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
NAME SIREET ADDRESS CITY-ST-ZIP	VSD JENNY, JOHN P 1351 NE 45TH ST OAKLAND PK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REES, JANET 424 SW 7 WAY BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE	•	

U00000893431 04/23/08-80105-020 150.00

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12. I hereby certify that the information supplied with this filling 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:

MUSE AND TYPED ON SAME OF STONING OFFICER OR DIRECTOR

Res 4-11-08 95

Daytime Prone # 6-00/