2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F54140

1. Entity Name

J.O. & N. INVESTMENTS, INC.



FILED Jan 26, 2007 08:00 AM **Secretary of State**

Principal Place of Business

3350 EAST 4TH AVE HIALEAH, FL 33013

Mailing Address

15250 DURNFORD DR MIAMI LAKES, FL 33014



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number Not Applicable 65-0134158

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERO, ORLANDO 15250 DURNFORD DR MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title fl applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

10. OFFICERS AND DIRECTORS TITLE RIVERO, ORLANDO STREET ADDRESS 15250 DURNFORD DR CITY-ST-ZIP MIAMI LAKES, FL TITLE STREET ADDRESS

U00000604581 01/30/07-80002-004 150.00

TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS

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 empowered.

SIGNATURE:

CITY-ST-7IP

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

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO RIVERO/PRESIDENT

1/24/07