


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90028 015 \*\*\*150.00

<b>DOCUMENT # L46309</b> 1. Entity Name <b>JJ AND YIPS, INC.</b>			
Principal Place of Business <b>500 E. SPANISH RIVER BLVD. BOCA RATON FL 33431 US</b>		Mailing Address <b>480 NW 70 STREET BOCA RATON FL 33487 US</b>	
2. Principal Place of Business <b>500 E. Spanish River Blvd.</b>		3. Mailing Address <b>500 E. Spanish River Blvd.</b>	
Suite, Apt. #, etc. <b>Suite No. 1 - 4</b>		Suite, Apt. #, etc. <b>Suite No. 1 - 4</b>	
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>	
Zip <b>33431</b>	Country <b>U.S.A.</b>	Zip <b>33431</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent  <b>YIP, JUDY 480 NW 70 TREET BOCA RATON FL 33487</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>YIP, JUDY</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>480 NW 70 STREET</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>BOCA RATON FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b>	NAME <b>TAM, MICHAEL</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>500 E SPANISH RIVER BLVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>T</b>	NAME <b>TAM, RICKY</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>500 E SPANISH RIVER BLVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____		<b>Feb - 25 - 2004 561381-2029</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**94021486**



MOORE CR2E034 (11/03)