

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L46309**

1. Entity Name  
JJ AND YIPS, INC.



Principal Place of Business  
500 E. SPANISH RIVER BLVD.  
SUITE 1-4  
BOCA RATON, FL 33431 US

Mailing Address  
500 E. SPANISH RIVER BLVD.  
SUITE 1-4  
BOCA RATON, FL 33431 US



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0176248

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

YIP, JUDY  
4968 SW 32ND AVE  
FORT LAUDERDALE, FL 33312

**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 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**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

U000000836314  
03/04/08-80012-005 150.00

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | P                         |
| NAME           | YIP, JUDY                 |
| STREET ADDRESS | 4968 SW 32ND AVE          |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33312 |
| TITLE          | VP                        |
| NAME           | TAM, MICHAEL              |
| STREET ADDRESS | 500 E SPANISH RIVER BLVD  |
| CITY-ST-ZIP    | BOCA RATON, FL 33431      |
| TITLE          | T                         |
| NAME           | TAM, RICKY                |
| STREET ADDRESS | 500 E SPANISH RIVER BLVD  |
| CITY-ST-ZIP    | BOCA RATON, FL 33431      |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE  
IN THIS SPACE**

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: X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 22 - 2008  
Date Daytime Phone #