

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007672

Entity Name: J.S ENTERPRISES, L.L.C.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

11011 SHERIDAN ST SUITE 314
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

11011 SHERIDAN ST SUITE 314
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 65-0963592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALGADO, JAVIER
600 NORTH HIATUS RD
SUITE 103
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

SALGADO, JAVIER
13772 NW 11 CT
PEMBROKE PINES, FL 33028 US

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:

04/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SALGADO, JAVIER
Address: 2003 NW 145 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: VASQUEZ LARSON, SONIA
Address: 2003 NW 145 AVEVUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALGADO, JAVIER
Address: 13772 NW 11 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM (X) Change () Addition
Name: VASQUEZ LARSON, SONIA
Address: 13772 NW 11 CT
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAVIER SALGADO

MGR

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date