2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an addi-

s, with all ther like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 04, 2008 08:00 AN DOCUMENT # M10482 **Secretary of State** 1. Entity Name J. J TEXTILES, INC. Principal Place of Business Mailing Address 15020 N LONGBOW BEND 15020 N LONGBOW BEND **DAVIE, FL 33331** DAVIE, FL 33331 CR2E034 (11/05) 01282008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2521883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JOFFEY, PHILLIP 15020 N LONGBOW BEND **DAVIE, FL 33331** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΠ TITLE JOFFEY, PHILIP NAME 15020 N LONGBOW BEND STREET ADDRESS CITY-ST-ZIP DAVIÉ, FL VSD TITLE U000000814973 JOFFEY, SHARON NAME 02/13/08-80062-020 150.00 STREET AODRESS 15020 N LONGBOW BEND DAVIE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if