## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M32627

Entity Name: J.T. OF MIAMI, INC.

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % RHONDA LEWIN 2805 N. STATE ROAD 7 HOLLYWOOD, FL 33021 2805 N. STATE ROAD 7 HOLLYWOOD, FL 33021 **New Mailing Address: Current Mailing Address:** % RHONDA LEWIN 2805 N. STATE ROAD 7 2805 N. STATE ROAD 7 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 FEI Number: 59-2702077 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEDERICI, SONDRA 2805 N. STATE ROAD 7 US HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FEDERICI, SONDRA Name: Name: 2805 N. STATE ROAD 7 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEWIN, NAOMI Name: 2805 NO. STATE ROAD #7 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: ( ) Delete Title: () Change () Addition FEDERICI, JAMES Name: Name: 2805 NO. STATE ROAD #7 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition LEWIN, CURT Name: Name: Address: 2805 NO. STATE ROAD #7 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: Title: () Delete () Change () Addition HERNANDEZ, RHONDA Name: Name: 2805 NO. STATE ROAD #7 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEWIN, HARLEY Name: Address: 2805 NO. STATE ROAD #7 Address: City-St-Zip: City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDRA FEDERICI VP 04/24/2007