2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #.M45018

1. Entity Name
JSJM CORPORATION

Principal Place of Business	Mailing Address
6480 SW 62 AVENUE	9010 SW 140 ST
SOUTH MIAMI, FL 33-1463	MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

01152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2765593	Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, JOSEPH
6480 SW 62ND AVENUE
SOUTH MIAMI, FL 33143

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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

U00000883057
04/16/08-80066-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	MIDDLEBROOKS, JOSEPH
STREET ADDRESS	9010 SW 140 STREET
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	D
NAME	MIDDLEBROOKS, JOSEPH
STREET ADDRESS	9010 SW 140 STREET
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	D
NAME	MIDDLEBROOKS, JOS
STREET ADDRESS	9010 SW 140 STREET
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-2-08   305 661 7894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #