

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M50120**

1. Entity Name  
**J.R SALES CORP. OF MIAMI**



Principal Place of Business

**C/O JONATHAN H. KLINE  
190 S.W. 78TH PLACE  
MIAMI, FL 33144**

Mailing Address

**C/O JONATHAN H. KLINE  
190 S.W. 78TH PLACE  
MIAMI, FL 33144**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2790226**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**RUIZ, JOSEPH  
190 SW 78TH PLACE  
MIAMI, FL 33144**

**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**

U00000900185  
04/29/08-80019-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUIZ, JOSEPH M.
STREET ADDRESS	190 S.W. 78TH PLACDE
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	RUIZ, SANDRA C.
STREET ADDRESS	190 S.W. 78TH PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:**

*Sandra Ruiz Director* 4-13-08 305 266 9488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #