
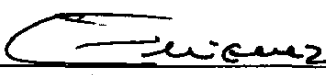
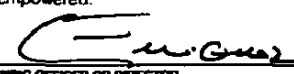


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 024 \*\*\*\*61.25

<b>DOCUMENT # N06000003569</b> 1. Entity Name <b>3J2 MINISTRIES INC</b>					
Principal Place of Business <b>767 SOUTH STATE ROAD 7 PLANATATION, FL 33317</b>			Mailing Address <b>767 SOUTH STATE ROAD 7 PLANATATION, FL 33317</b>		
2. Principal Place of Business - No P.O. Box # <b>901 Brickell Key Blvd</b>		3. Mailing Address <b>← SAME</b>			
Suite, Apt. #, etc. <b>Apt # 3807</b>		Suite, Apt. #, etc. <b>AS # 2</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>APPLIED FOR 51-0568168</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ENRIQUEZ, CRIS 767 SOUTH STATE ROAD 7 PLANATATION, FL 33317</b>			7. Name and Address of New Registered Agent Name <b>CRIS ENRIQUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 Brickell Key Blvd # 3807</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>		
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 <u><b>CRIS ENRIQUEZ</b></u>  <u><b>7/10/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ENRIQUEZ, CRIS 767 SOUTH STATE ROAD 7 PLANATATION, FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CRIS ENRIQUEZ 901 Brickell Key Blvd # 3807 MIAMI, FL 33131</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ENRIQUEZ, LINDA 767 SOUTH STATE ROAD 7 PLANATATION, FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LINDA ENRIQUEZ 901 Brickell Key Blvd # 3807 MIAMI, FL 33131</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PINEDA, VINSON 156 AMORSOLO ST MAKATI, PHILIPPINES,</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>VILLNUEVA, EDDIE 101 MCARTHUR HWY BOCAUE BULACAN PHILIPPINES,</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>O'DONNELL, JOHN PO BOX 13321 PENSACOLE, FL 32507</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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.					
<b>SIGNATURE: CRIS ENRIQUEZ</b>  <u><b>7/10/08</b></u> <u><b>954-583-3335</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					