2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P00000021441

Entity Name: JR'S P.O.S. DEPOT, INC.

Current Principal Place of Business:

5249 N HIATUS RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

5249 N HIATUS RD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0986677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALAKKAM, RIAD
5249 N HIATUS RD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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:

Title: DVPS ( ) Delete
Name: ZAIOUR, ISSA
Address: 300 PATIO VILLAGE TERR.
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: KHALIFE, BASSEM
Address: 5249 N HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: CEOP ( ) Delete
Name: ALAKKAM, RIAD
Address: 6310 NW 38 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: ALAKKUM, RIAD
Address: 6310 NW 38 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: HAWAS, MOHAMMAD
Address: 5249 N HIALUS RD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: ZAIOUR, ISSA
Address: 5249 N. HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ALAKKAM, RIAD
Address: 6310 NW 38 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RIAD ALAKKAM PRES 01/16/2009

Electronic Signature of Signing Officer or Director Date