

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 09, 2009
Secretary of State**

DOCUMENT# P00000054358

Entity Name: J & J HANNAH ENTERPRISES, INC.

Current Principal Place of Business:

4010 N.W. 192ND ST
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

4010 N.W. 192ND ST
MIAMI, FL 33055

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNAH, JONATHAN EARL PRES
4010 N.W. 192ND STREET
CAROL CITY, FL 33055 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANNAH, JONATHAN EARL
Address: 4010 N.W. 192ND STREET
City-St-Zip: CAROL CITY, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KECHICHIAN, OHANNES
Address: 4010 N.W. 192ND STREET
City-St-Zip: CAROL CITY, FL 33055

Title: S () Change (X) Addition
Name: HANNAH, JONATHAN EARL
Address: 4010 N.W. 192ND STREET
City-St-Zip: CAROL CITY, FL 33055

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: OHANNES KECHICHIAN

P

09/09/2009

Electronic Signature of Signing Officer or Director

_____ Date