


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000072150</b>	
1. Entity Name JSJ BROTHERS, INC.	

Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134
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01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1072837	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCGUIRK, JAMES 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCGUIRK, JAMES 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCGUIRK, ANDREW JASON 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCGUIRK, JEFFREY 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
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03/24/06-80003-002 158.75

**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: Jason McGuirk 2/3/06 368.451.4570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #