

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # P00000072150

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**



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1072837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGUIRK, JAMES
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134**

**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 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**

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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03/11/08-80040-008 158.75

**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: J. McQuirk - Jason McQuirk - Vice President 2/25/08 386 451-4570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #