

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90403 023 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000105124		
1. Entity Name S.J.J. INVESTMENT, INC.		
Principal Place of Business 1523 N FRANKLIN ST TAMPA, FL 33602	Mailing Address 1523 N FRANKLIN ST TAMPA, FL 33602	
DO NOT WRITE IN THIS SPACE		
		40075854
		
		04102006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3680979		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ACCARDI, JASON 1523 N FRANKLIN ST TAMPA, FL 33602		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACCARDI, JASON 1523 N FRANKLIN STREET TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACCARDI, JOHN 1523 N. FRANKLIN STREET TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/25/06 813 28-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #