2005 FOR PROFIT CORPORATION

FILED Jun 06, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P00000105620* 1. Entity Name JOHN J ENTERPRISE, INC. Principal Place of Susiness Mailing Address 8325 N.E 2ND AVENUE 8325 N.E 2ND AVENUE MIAMI, FL 33138 MIAMI, FL 33138 05202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2978736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DEROSE, PHILIPPE DO NOT WRITE 8325 N.E 2ND AVENUE MIAMI, FL 33138 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000369122 06/06/05-80005-019 150.00 TITLE DEROSE, PHILIPPE NAME 8325 N.E 2ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 DUVERNE, JONAS NAME STREET ADDRESS 10011 PERIWINKLE STREET MIRAMAR, FL 33025 CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY - ST - ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Daytime Phone #