

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033232

FILED
Apr 29, 2007
Secretary of State

Entity Name: DOUBLE "J" ENTERPRISES, INC.

Current Principal Place of Business:

1725 PARK LANE SOUTH
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

955-N NORTHWEST 17TH AVENUE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-1088286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNNE S. K. VENTRY, P.A.
955-N NORTHWEST 17TH AVENUE
DELRAY BEACH, FL 33445 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: UVARI, GERALD
Address: 9983 ROYAL CARDIGAN WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VPD () Delete
Name: TRECCIOLI, HENRY
Address: 6253 INDIAN FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: DECANDIA, ANTHONY
Address: 944 SAGE AVENUE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRY TRECCIOLI

VPD

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date