


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90025 050 \*\*\*150.00

<b>DOCUMENT # P01000035772</b>		
1. Entity Name IJJD CORP.		

Principal Place of Business 3725 SW 30 AVENUE FORT LAUDERDALE, FL 33312	Mailing Address 3725 SW 30 AVENUE FORT LAUDERDALE, FL 33312
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40040725



2. Principal Place of Business - No P.O. Box # 20855 NE 16 AVENUE Suite, Apt. #, etc. SUITE C16 City & State NORTH MIAMI BEACH, FL. Zip 33179 Country DADE	3. Mailing Address 20855 N.E. 16 AVENUE Suite, Apt. #, etc. SUITE C16 City & State NORTH MIAMI BEACH, FL. Zip 33179 Country DADE
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03062007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1105811	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ESPINOSA, TANIA N 3725 SW 30 AVENUE FORT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEKACH, ILIA 3725 SW-30 AVENUE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20855 NE 16 AVE, SUITE C16 NORTH MIAMI BEACH, FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEKACH, ISAAC 3725 SW 30 AVENUE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20855 NE 16 AVE. SUITE C16 NORTH MIAMI BEACH, FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPINOSA, TANIA N 3725 SW 30 AVENUE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20855 NE 16 AVE. SUITE C16 NORTH MIAMI BEACH FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tania N. Espinosa SECRETARY 3/5/07 (305) 770-4488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
TANIA N. ESPINOSA