


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90001 029 ***150.00

DOCUMENT # P01000070126	
1. Entity Name JJ INVESTMENTS INTERNATIONAL, INC.	

Principal Place of Business 6781 SOUTHWEST 157TH COURT MIAMI, FL 33193	Mailing Address 6781 SOUTHWEST 157TH COURT MIAMI, FL 33193
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50024972



2. Principal Place of Business <i>6781 SW 157 CT</i>	3. Mailing Address <i>P.O. Box 653538</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08032006 Chg-P CR2E034 (11/05)

City & State <i>MIAMI, FL</i>	City & State <i>MIAMI, FL</i>
Zip <i>33193</i>	Zip <i>33265-3538</i>
Country	Country

4. FEI Number 04-3700560	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 SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name <i>JOSE JALIL</i> Street Address (P.O. Box Number is Not Acceptable) <i>6781 SW 157 CT</i> City <i>MIAMI, FL</i> Zip Code <i>33193</i>	
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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 _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 JALIL, JOSE 6781 SOUTHWEST 157TH COURT MIAMI, FL 33193 <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
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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: <i>[Signature]</i>	Date <i>8/7/06</i>	Daytime Phone # <i>(305) 282-3818</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		