FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90112 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065370

1. Entity Name
J & J SILVER 925, INC.

Principal Place of Business	Mailing Address
350 77 STREET MIAMI BEACH, FL 33141	350 77 STREET MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
7483 SW 82 ST	7483 SW 82 ST
Suite, Apt. #, etc. APT #A306.	Suite, Apt. #, etc. APT # A306
City & State MIAMI FL	City & State MIAMI FL.
Zip 33143 / Country	Zip 33143 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0464168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AZERO, JULIO P 350 77 STREET MIAMI BEACH, FL 33141	Name AZERO JULIO P Street Address (P.O. Box Number is Not Acceptable) 7483 SW 82 ST APT #A306. City MIAMI FL Zip Code 33143

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AZERO, JULIO P 350 77 STREET MIAMI BEACH, FL 33141	☐ Delete	DP AZERO JULIO P. 7483 SW 82 ST APT # A306. MIAMI, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PARRA, JOSE M 350 77 STREET MIAMI BEACH, FL 33141	☐ Delete	DS PARRA JOSE M. 7483 SW 82 ST APT # A306. MIAMI, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #