


2008

# **FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90374 041 \*\*\*150.00

DOCUMENT # 1. Entity Name <b>25238</b> <b>PO3 0000</b> <b>JR &amp; AM INVESTMENTS, Inc.</b>	
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**DO NOT WRITE IN THIS SPACE**

40085984

CR2E034B (8/05)

2. Principal Place of Business <b>3056 NW 5th St</b> Suite, Apt. #, etc.	3. Mailing Address <b>3056 NW 5th St</b> Suite, Apt. #, etc.	4. FEI Number <b>02-680321</b>	Applied For Not Applicable
City & State <b>MIAMI-FL</b>	City & State <b>MIAMI-FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33125-4208</b>	Country	Zip <b>33125-4208</b>	Country

**DO NOT WRITE  
IN THIS SPACE**

## **7. Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Tejada, Juan R.</b> <b>168 NE. 8th PLACE</b> <b>NORTH MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/14/08 305-259-8311**