


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000041604</b> 1. Entity Name J. J. FOOD VENTURES, INC.	
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Principal Place of Business 13790 SW 56TH STREET SUITE G MIAMI, FL 33175	Mailing Address 1402 BRICKELL BAY DRIVE APT. #401 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-7879800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACOSTA, ALEXIS  
1402 BRICKELL BAY DRIVE  
APT. #401  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000562694 05/19/06-80065-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, CLEMENCIA 1402 BRICKELL BAY DRIVE #401 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, ALEXIS 1402 BRICKELL BAY DRIVE #401 MIAMI, FL 33131
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IN THIS SPACE**

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:** *Clemencia Acosta* *PD* *5/1/06* *305-383-2020*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #