


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90024 025 ***150.00

DOCUMENT # P03000127051 1. Entity Name NJS, III, INC.	
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Principal Place of Business New 555 S.W. 12TH AVENUE SUITE 101 POMPANO BEACH, FL 33069	Mailing Address address 555 S.W. 12TH AVENUE SUITE 101 POMPANO BEACH, FL 33069
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Ft. lauderdale, FL 33304



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3107833	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 GOLDMAN, BRUCE J CITY NATIONAL BANK BUILDING 2701 LE JEUNE ROAD, SUITE 404 CORAL GABLES, FL 33134
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFTE, NORMAN S 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069
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DO NOT WRITE 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 officers empowered.
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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