## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000033451

1. Entity Name

J & R HOLDINGS GROUP, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021

Mailing Address

3101 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021



DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0938186 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKES, JOHN P 901 SOUTH FEDERAL HIGHWAY SUITE 101A FORT LAUDERDALE, FL 33316 DO NOT WRITE IN THIS SPACE

FORT LAU	JDERDALE, FL 33316				
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am fan	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000924024 05/16/08-80057-01	18 150.00
10.	OFFICERS AND DIREC	TORS		TAYAR COMPANY OF MA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSCEOLA, JODY L 3001 FRANK SHORE COURT HOLLYWOOD, FL 33024				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	S PINCKNEY, ROGER 3001 NORTH STATE ROAD 7, APT. #- HOLLYWOOD, FL 33021	4			Part Ton
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME:
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

1954322-4446