2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2008 8:00 am **DOCUMENT # P04000034346** Secretary of State 1. Entity Name 02-27-2008 90013 022 ***150.00 JNJ NETWORKS, INC Principal Place of Business Mailing Address 6538 COLLINS AVE 6538 COLLINS AVE #469 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1550 SW 1215 11550 SW uite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 90-0182719 MIAMI Miam Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent Name WEIR, CHRISTOPHER J PRES 6538 COLLINS AVE #469 MIAMI BEACH FL 33141 Mianu 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. the obligations of registered agent Signature, typed or pie (NOTE: Registered Agont aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE Delete TITLE ☐ Addition wait, christopher NAME WEIR, CHRISTOPHER NAME 550 SW 121 0 6538 COLLINS AVE STREET ADDRESS STREET ADDRESS City-St-7P MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET: ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE ☐ Chance: Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 trastely empowered to execute this report as equired 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:

FILED