


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # P04000084537 1. Entity Name JSO INVESTMENT ENTERPRISES CORP.	
--	---

Principal Place of Business 1055 NW 4 ST #2 MIAMI, FL 33128	Mailing Address 1055 NW 4 ST #2 MIAMI, FL 33128
---	---

DO NOT WRITE IN THIS SPACE




01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1183435	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

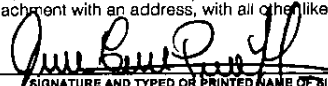
6. Name and Address of Current Registered Agent PORTILLO, JUAN C 1055 NW 4 ST #2 MIAMI, FL 33128	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 1/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000645270 03/02/07-80077-019 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTILLO, JUAN C 851 SW 4 ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROQUE, ORLANDO 1055 NW 4 ST #2 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTILLO, SALVADOR 1055 NW 4 ST #2 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 1/16/07 <small>Daytime Phone #</small>