

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094970

Entity Name: J2W INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

1354 WASHINGTON AVE SUITE 222
MIAMI BEACH, FL 33139

New Principal Place of Business:

18151 NE 31ST CT PH-105
AVENTURA, FL 33150

Current Mailing Address:

1354 WASHINGTON AVE SUITE 222
MIAMI BEACH, FL 33139

New Mailing Address:

18151 NE 31ST CT PH-105
AVENTURA, FL 33150

FEI Number: 20-1268187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUIRE, ROBERT J
4800 LE JEUNE RD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SQUIRE, ROBERT J
80 SW 8TH STREET
MIAMI, FL 33130 US

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.

SIGNATURE: ROBERT SQUIRE

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OFFC () Delete
Name: LEVINE, JUSTIN
Address: 1354 WASHINGTON AVE SUITE 222
City-St-Zip: MIAMI BEACH, FL 33139

Title: OFFC () Delete
Name: PRIMIANI, FRANCO
Address: 1354 WASHINGTON AVE SUITE 222
City-St-Zip: MIAMI BEACH, FL 33139

Title: OFFC () Delete
Name: SQUIRE, ROBERT
Address: 1354 WASHINGTON AVE SUITE 222
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFC (X) Change () Addition
Name: LEVINE, JUSTIN
Address: 18151 NE 31ST CT PH-105
City-St-Zip: AVENTURA, FL 33150

Title: OFFC (X) Change () Addition
Name: PRIMIANI, FRANCO
Address: 18151 NE 31ST CT PH-105
City-St-Zip: AVENTURA, FL 33150

Title: OFFC (X) Change () Addition
Name: SQUIRE, ROBERT
Address: 18151 NE 31ST CT PH-105
City-St-Zip: AVENTURA, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SQUIRE

OFFC

04/12/2007

Electronic Signature of Signing Officer or Director

Date