

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90464 014 \*\*\*150.00

**DOCUMENT # P04000100855**



1. Entity Name  
**JJM BROTHERS, INC.**

Principal Place of Business  
**7317 NW 113 PLACE  
MIAMI, FL 33178**

Mailing Address  
**7317 NW 113 PLACE  
MIAMI, FL 33178**

**50015863**



2. Principal Place of Business  
**12900 SW 69 CT**

3. Mailing Address  
**12900 SW 69 CT**

04182006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**20-2111058**

Applied For  
Not Applicable

Zip Country  
**33156 USA**

Zip Country  
**33156 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAUROVICH, BERNARDO  
7317 NW 113 PLACE  
MIAMI, FL 33178**

**7. Name and Address of New Registered Agent**

Name **SABRINA MAUROVICH**

Street Address (P.O. Box Number is Not Acceptable)

**12900 SW 69 CT**

City **MIAMI** **FL** Zip Code **33156**

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 **SABRINA MAUROVICH "PRESIDENT."** **4/18/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE **PS** ☒ Delete  
NAME **MAUROVICH, BERNARDO**  
STREET ADDRESS **7317 NW 113 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **SABRINA MAUROVICH**  
STREET ADDRESS **12900 SW 69 CT**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
NAME **BERNARDO MAUROVICH**  
STREET ADDRESS **12900 SW 69 CT**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **BERNARDO MAUROVICH** **4/18/06** **305-3459900**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #