

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90074 039 \*\*\*150.00

**DOCUMENT # P04000113589**

1. Entity Name  
**MJJS WIRELESS ENTERPRISE, INC.**



40024684



Principal Place of Business  
**11636 SW QUAIL ROOST  
MIAMI, FL 33157**

Mailing Address  
**11636 SW QUAIL ROOST  
MIAMI, FL 33157**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-1453335**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AGUILAR, JESUS**  
**11636 SW QUAIL ROOST**  
**MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name  
**NIURKA RAMOS de PADILLA**

Street Address (P.O. Box Number is Not Acceptable)  
**12520 SW 187 ST**

City  
**MIAMI** FL Zip Code **33177**

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

*[Signature]*

**2-10-07**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**PADILLA, LEVNIER**  
**11915 SW 188TH TERR**  
**MIAMI, FL 331773256**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**NIURKA RAMOS de PADILLA**  
**12520 SW 187 ST**  
**MIAMI FL 33177**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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:

*[Signature]*

**2-10-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #