2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000141101 03-30-2007 90134 034 ***150.00 1. Entity Name J.J. É-SALES CORP. Principal Place of Business Mailing Address + Place of Business 40042221 4480 SW 148TH TERR 4480 SW 148TH TERR MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Q65 SW 152 4265 SW 152 02092007 Chg-P CR2E034 (12/06) **p**ity & State City & State 4, FEI Number Applied For RAMAR 65-1234295 RAMAR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAZON, JEDNETT MIRET, JUANA B Street Address (P.O. Box Number is Not Acceptable) 4480 SW 148TH TERR MIRAMAR, FL 33027 4265 SW 152 Are 8. The above named entity submits this tire 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 agen SIGNATURE. ture, typed or print ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition MIRET, JUANA B NAME NAME STREET ADDRESS 4480 SW 148TH TERR STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-7IP CITY-ST-7tP Change TITLE Delete TITI F ☐ Addition MAZON, JEANETTE L. MAZON, JEANETTE L NAME STREET ADORESS 4480 SW 148TH TERR STREET ADORESS 1265 SW 152 Ave MIRAMAR, FL 33027 CITY-ST-ZIP CITY-ST-ZIP MIXAMAR TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied by the state 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 though 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 an attachment with an address, with all other like empowered. SIGNATURE: 4 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED Mar 30, 2007 8:00 am

40045591 # P04000141101 RESIGNATION

Gentlemen:

Dated: JAN 1st, 2007

Juana B. Miret