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Sep 12, 2006 8:00 am
Secretary of State

05-03-2006 90211 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142217

1. Entity Name
JJR ENTERPRISES USA CORP.

Principal Place of Business	Mailing Address
13565 65TH ~~STREET~~ N. ~~LARGO, FL~~ 33771	13565 65TH ~~STREET~~ N. ~~LARGO, FL~~ 33771

02272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1799 HIGHLAND AVE.	→ SAME
Suite, Apt. #, etc. #D-30	Suite, Apt. #, etc.
City & State CLEARWATER, FL	City & State
Zip 33755 Country	Zip Country

4. FEI Number 20-1744344 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TIMCAK, PAVEL 13565 65TH ~~STREET~~ N. ~~LARGO, FL~~ 33771	Name PAVEL TIMCAK Street Address (P.O. Box Number is Not Acceptable) 1799 HIGHLAND AVE., #D-30 City CLEARWATER FL Zip Code 33755

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] REGISTERED AGENT 2/26/06
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMCAK, PAVEL 1863 BOUGH ~~AVE~~., #D ~~CLEARWATER~~, FL 33760	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1799 HIGHLAND AVE, #D-30 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] PAVEL TIMCAK PRES. 2/26/06 727-455-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66024001
#P04000142317

WE HAVE
COMPLETED THE
MISSING PART.
SORRY FOR
THE DELAY
(VACATION PERIOD).