


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90070 040 ***150.00

DOCUMENT # P04000142217	
1. Entity Name JJR ENTERPRISES USA CORP.	

Principal Place of Business 1799 HIGHLAND AVE #D-30 CLEARWATER, FL 33755	Mailing Address 1799 HIGHLAND AVE #D-30 CLEARWATER, FL 33755
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2. Principal Place of Business - No P.O. Box # 2608 1ST STREET	3. Mailing Address → SAME
Suite, Apt. #, etc. UNIT B	Suite, Apt. #, etc.
City & State INDIAN ROCKS BEACH, FL	City & State
Zip 33785	Country



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1744344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TIMCAK, PAVEL 1799 HIGHLAND AVE., #D-30 CLEARWATER, FL 33755	7. Name and Address of New Registered Agent Name: PAVEL TIMCAK Street Address (P.O. Box Number is Not Acceptable) 2608 1ST ST., UNIT B City: INDIAN ROCKS BEACH FL Zip Code: 33785
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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: PAVEL TIMCAK REG. AGENT 1/30/07
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMCAK, PAVEL 1799 HIGHLAND AVE #D-30 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2608 1ST ST., UNIT B INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PAVEL TIMCAK PRES. 1/30/07 727-455-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #