

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90396 024 ***150.00

DOCUMENT # P04000146280 1. Entity Name J J PROPERTIES MIAMI INC					
Principal Place of Business 555 SW 12 AVE. POMPANO BEACH, FL 33069			Mailing Address P.O. BOX 668035 POMPANO BEACH, FL 33066		
2. Principal Place of Business - No P.O. Box # 2024 NE 161 ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State N. MIAMI BEACH		City & State		4. FEI Number 20-1789788	
Zip 33162		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBBINS, JAMES M 555 SW 12TH AVE SUITE 101 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name JAMES ROBBINS Street Address (P.O. Box Number is Not Acceptable) 2024 NE 161 ST 7 City N. MIAMI BEACH FL Zip Code 33162		
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: MANAGER 4-9-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
DIR ROBBINS, JAMES M PO BOX 668035 POMPANO BEACH, FL 33066			DIR DAGEN, GERALD PO BOX 668035 POMPANO BEACH, FL 33066		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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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: JAMES M ROBBINS 4-9-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

954-931-
1845