


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90032 009 ***150.00

DOCUMENT # P04000148393	
1. Entity Name J&J UNLIMITED ENTERPRISES, CORP.	

Principal Place of Business 18057 S.W. 148 AVENUE RD. MIAMI, FL 33187 US	Mailing Address 18057 S.W. 148 AVENUE RD. MIAMI, FL 33187 US
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2. Principal Place of Business 18057 SW 148 AVE RD	3. Mailing Address 18057 SW 148 AVE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State FL MIAMI
Zip 33187	Zip 33187
Country US	Country USA



03022005 Chg-P CR2E034 (10/03)

4. FEI Number 201815406	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GLORIA, JESSICA 18057 S.W. 148 AVENUE RD. MIAMI, FL 33187	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u><i>Jessica Gloria</i></u>	DATE <u>03/31/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE P	<input type="checkbox"/> Delete
NAME GLORIA, JESSICA	
STREET ADDRESS 18057 S.W. 148 AVENUE RD.	
CITY-ST-ZIP MIAMI, FL 33187	
TITLE VP	<input type="checkbox"/> Delete
NAME GLORIA, JORGE	
STREET ADDRESS 18057 S.W. 148 AVENUE RD.	
CITY-ST-ZIP MIAMI, FL 33187	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <u><i>Jessica Gloria</i></u>	<u>Jessica Gloria</u>	<u>03/31/05</u>	<u>786223739</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	