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FILED
Jun 27, 2007 8:00 am
Secretary of State

05-09-2007 90107 020 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000018793 1. Entity Name JGP ENTERPRISES, CORP.	
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Principal Place of Business 6531 NW 171 STREET HIALEAH, FL 33015	Mailing Address 6531 NW 171 STREET HIALEAH, FL 33015
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66019854



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2289019	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

AREVALO, PIEDAD MARIA
 6531 NW 171 STREET
 HIALEAH, FL 33015

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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 _____ (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

TITLE	PTD
NAME	AREVALO, PIEDAD MARIA
STREET ADDRESS	6531 NW 171 STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	VSD
NAME	OBANDO, JIMMY
STREET ADDRESS	6531 NW 171 STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: PIEDAD M. AREVALO / Piedad M. Arevalo 07/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #