

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90003 013 ***150.00

DOCUMENT # P05000115987			
1. Entity Name JMJ 3 ENTERPRISES, INC.			
Principal Place of Business 4025 INDIAN CREEK DRIVE #302 MIAMI BEACH, FL 33140		Mailing Address 4025 INDIAN CREEK DRIVE #302 MIAMI BEACH, FL 33140	
2. Principal Place of Business 15290 S.W. 51 ST.		3. Mailing Address 15290 S.W. 51 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MILAMAR, FL		City & State MILAMAR, FL	
Zip 33027 Country		Zip 33027 Country	
4. FEI Number 20-4623348		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALIENTE, JUAN 4025 INDIAN CREEK DRIVE #302 MIAMI BEACH, FL 33140		Name JUAN C. VALIENTE Street Address (P.O. Box Number is Not Acceptable) 15290 S.W. 51 STREET City MILAMAR FL Zip Code 33027	
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALIENTE, JUAN <input type="checkbox"/> Delete 4025 INDIAN CREEK DRIVE #302 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALIENTE, JUAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15290 S.W. 51 STREET MILAMAR, FLORIDA 33027
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
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
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: 		JUAN C. VALIENTE Date AUGUST 11, 2006 Daytime Phone # 786-586-4986	