


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 042 ***150.00

DOCUMENT # P05000154274 1. Entity Name J & O INVESTMENTS GROUP, INC			
Principal Place of Business 1850 S OCEAN DRIVE APT 2001 HALLANDALE, FL 33009		Mailing Address 1850 S OCEAN DRIVE APT 2001 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 5821 Sheridan Street Suite, Apt. #, etc.		3. Mailing Address 5821 Sheridan Street Suite, Apt. #, etc.	
City & State Hollywood FL.		City & State Hollywood FL	
Zip 33021		Country USA	
Zip 33021		Country USA	
6. Name and Address of Current Registered Agent MYOS FINANCIAL GROUP, INC 2853 EXECUTIVE PARK DRIVE SUITE 105 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P OLAYA, JAIME 1850 S OCEAN DRIVE APT 2001 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Olaya, Jaime 5821 Sheridan Street Hollywood, FL. 33021
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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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: <u>Jaime Olaya</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02-28-07 <small>Date Daytime Phone #</small>	

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02282007 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**