

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 018 ***150.00

DOCUMENT # P05000164833

1. Entity Name

JJR PERFORMANCE, INC.



Principal Place of Business

1916 SCOTT STREET
HOLLYWOOD FL 33020

Mailing Address

1916 SCOTT STREET
HOLLYWOOD FL 33020



2. Principal Place of Business - No P.O. Box #

2614 MADISON ST

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

HOLLYWOOD FL

City & State

City & State

4. FEI Number 20-3970420

Applied For
Not Applicable

Zip

33020

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RUSSO, JOHN
1916 SCOTT STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name JOHN RUSSO

Street Address (P.O. Box Number is Not Acceptable)

2614 MADISON ST

City HOLLYWOOD

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUSSO, JOHN
STREET ADDRESS 1916 SCOTT STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #