2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034288

Title:

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Nar	ne: J&N WOI	RLD IMPORTS, INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
5945 CARRIER STREET ST PETERSBURG, FL 33714				5945 CARRIER STREET NORTH ST PETERSBURG, FL 33714			
Current Mailing Address:			New Mailing Address:				
	RIER STREET RSBURG, FL 3						
FEI Number:	20-4527191	FEI Number Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desi	red ()	
Name and	Address of C	urrent Registered Agent:	Name an	Name and Address of New Registered Agent:			
PHAM, JEI 1919 BLUE HOLIDAY,	E RIVER ROAL	JS					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or registered agen	t, or both,	
SIGNATUR							
		ic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND D	IRECTORS	
Title: Name: Address: City-St-Zip:	P () PHAM, JENNIF 1919 BLUE RIV HOLIDAY, FL (ER ROAD	Title: Name: Address: City-St-Zip:	MAI, HOANG 4951 DUNW	OODY PLACE		
Title: Name: Address: City-St-Zip:	VP () DO, NEN T 6174 55TH AVE ST PETERSBU		Title: Name: Address: City-St-Zip:	DO, NEN T 4951 DUNW	(X) Change () Addition OODY PLACE FL 34677		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP PHAM, JENN 1919 BLUE F HOLIDAY, FL	RIVER ROAD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

DIR

PHAM, PHILLIP

1919 BLUE RIVER ROAD

HOLIDAY, FL 34691

() Change (X) Addition

SIGNATURE: HOANG T MAI **PRES** 04/27/2007

() Delete