


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90011 004 ***150.00

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1. Entity Name
JMJ ORIENTAL MARKET & RESTAURNT, INC.



Principal Place of Business Mailing Address
3786 E GULF TO LAKE HWY **3786 E GULF TO LAKE HWY**
INVERNESS, FL 34450 **INVERNESS, FL 34450**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



01052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4873636 Not Applicable

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

6. Name and Address of Current Registered Agent
FELICIANO, DONNA P.
3330 E LAKE NINA DR.
INVERNESS, FL 34453

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FELICIANO, JOSE C JR.	
STREET ADDRESS	3330 E LAKE NINA DR.	
CITY - ST - ZIP	INVERNESS, FL 34453	
TITLE	V	<input type="checkbox"/> Delete
NAME	FELICIANO, DONNA P	
STREET ADDRESS	3330 E LAKE NINA DR.	
CITY - ST - ZIP	INVERNESS, FL 34453	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, PRECY P	
STREET ADDRESS	3330 E LAKE NINA DR.	
CITY - ST - ZIP	INVERNESS, FL 34453	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 "A" or Block "B" changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Feliciano Date: 4-23-07 Daytime Phone #: 344-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR