


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90208 032 ***150.00

DOCUMENT # P06000066594					
1. Entity Name JORJAX USA, INC.					
Principal Place of Business 6400 CARRIER DRIVE ORLANDO, FL 32819			Mailing Address 6400 CARRIER DRIVE ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 800 BRICKELL AVE		3. Mailing Address 800 BRICKELL AVE			
Suite, Apt. #, etc. STE. 1107		Suite, Apt. #, etc. STE. 1107			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-5858989	
Zip 33131		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CIBOTTI, ANDRES 6400 CARRIER DRIVE ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name: STEVEN OPPENHEIM Street Address (P.O. Box Number is Not Acceptable): 800 BRICKELL AVE. STE. 1107 City: MIAMI FL Zip Code: 33131		
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: <u>Steven Oppenheim</u> STEVEN OPPENHEIM DATE: <u>4/24/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty]			S OPPENHEIM, STEVEN 800 BRICKELL AVE, STE. 1107 MIAMI, FL 33131		
[Empty]			DIPT RIBA, ANTONIO 800 BRICKELL AVE, STE. 1107 MIAMI, FL 33131		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
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>Steven Oppenheim</u> STEVEN OPPENHEIM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SECRETARY <u>4/24/07</u> 305-376-8555 <small>Date Daytime Phone</small>		