

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90102 007 ***150.00

DOCUMENT # P06000066594 1. Entity Name JORJAX USA, INC.			
Principal Place of Business 800 BRICKELL AVE. STE 1107 MIAMI, FL 33131		Mailing Address 800 BRICKELL AVE. STE 1107 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 40 B.V. MAZZEO + CO, CPAs Suite, Apt. #, etc. 13501 SW 128 ST, STE 103 City & State MIAMI, FL Zip 33186 Country US		3. Mailing Address 40 B.V. MAZZEO + CO, CPAs Suite, Apt. #, etc. 13501 SW 128 ST, STE 103 City & State MIAMI, FL Zip 33186 Country US	
4. FEI Number 20-5858989		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OPPENHEIM, STEVEN 800 BRICKELL AVE STE 1107 MIAMI, FL 33131		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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME OPPENHEIM, STEVEN		NAME 	
STREET ADDRESS 800 BRICKELL AVE STE 1107		STREET ADDRESS 	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP 	
TITLE DPT	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RIBA, ANTONIO		NAME 	
STREET ADDRESS 800 BRICKELL AVE STE 1107		STREET ADDRESS 13501 SW 128 ST, STE 103	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP MIAMI, FL 33186	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Steven Oppenheim</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>STEVEN OPPENHEIM</i> SECRETARY Date: <i>4/22/08</i> Daytime Phone #: <i>305-371-8555</i>	