

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90004 026 \*\*\*150.00

**DOCUMENT # P06000077904**

1. Entity Name  
J & J FLORIDA INVESTMENTS, INC.



Principal Place of Business  
3167 W 70 TERRACE  
HIALEAH, FL 33018

Mailing Address  
3167 W 70 TERRACE  
HIALEAH, FL 33018

**40029951**

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

3. Mailing Address  
Suite, Apt. #, etc.

02262007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-4998015**

Applied For  
Not Applicable

Zip Country Zip Country

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

## 6. Name and Address of Current Registered Agent

GONZALEZ, JOSE L  
3167 W 70 TERRACE  
HIALEAH, FL 33018

## 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 \_\_\_\_\_ (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	GONZALEZ, JOSE L	
STREET ADDRESS	3167 W 70 TERRACE	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, JULIA O	
STREET ADDRESS	3167 WEST 70 TERRACE	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE L	
STREET ADDRESS	3167 WEST 70 TERRACE	
CITY-ST-ZIP	HIALEAH, FL 33018	
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	
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2/26/07 (305) 219-0502