## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P06000097179  1. Entity Name J. MAG, INC.							90093 038 ***150	).00
Principal Place of Business Mailing Address				*	1	•		
4442 FOX RIDGE DRIVE 4442 FOX RIDGE DRIVE				٠.				
WESTON, FL 33331 WESTON, FL 33331								
						N ARAM BUR ARAM FAMIL ARA		
Principal Place of Business - No P O. Box # 3. Mailing Address			•••					
					14 <b>48</b> 110 91111 8 <b>4</b> 311 85111 981	()) 881(8 18(1) 1788; ) 811 18412 18		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numb			oplied For	
Zip Country		Zip Country			x 30-	- 52610		ot Applicable
Zip	Country Zip Cour		шу	5. Certificate	e of Status Desired	See Require	ditional ed	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New F	Registered Agent	
LOVOY JEBBIT			Name					
LOVOY, JERRI L 4442 FOX RIDGE DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
WESTON, FL 33331								
j.								
%. p8			City	FL Zip Code				
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE.								
DIGITATORES	Signature, typed or printed name of registered agent	and title if applicable (NOTF	Registere	d Agent signature require	d when reinstating)		DATÉ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 Trust Fund Contribution.					.00 May Be ded to Fees			
10.	OFFICERS AND		11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE			TOTLE				☐ Change	☐ Addition
NAME STREET ADDRESS	1		NAM	ET ADDRESS				
CITY-ST-ZIP				-SI-ZIP				
TITLE			TITLE	:		,	☐ Change	Addition
NAME	LOVOY, MICHAEL F							
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	WESTON, FL 33331	☐ Delete	-{	-ST-ZIP		·	☐ Cnange	Addition
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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.

WHAT DOWN TETT L. L. LURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jerri L. Lovoy

4-10-07

954-217-2417

Date

Daytime Phone #