2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P06000130100** 03-29-2007 90022 020 ***150.00 1. Entity Name JONMOR ENTERPRISES, INC. Principal Place of Business Mailing Address 40044401 8335 NW 165 TERR P.O.BOX 347705 MIAMI LAKES, FL 33016 MIAMI, FL 33234-7705 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 CR2E034 (12/06) City & State City & State 4. FEi Number Applied For 20:5806701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLIVE JACKSON RODRIGUEZ, ALEX Street Address (P.O. Box Number is Not Acceptable) 8335 NW 165 TERR MIAMI LAKES, FL 33016 8335 NW 165 Terrace City Miami Lakes FL 33016 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 10. 11. PS PS TITLE Delete TITLE Change nnitinhA I RODRIGUEZ, ALEX NAME Jackson, Clive 8335 NW 165 TERR STREET ADDRESS STREET ADDRESS 8335 NW 165 Terrace CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP Miami Lakes FL 33016 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, ALAN NAME STREET ADDRESS 8335 NW 165 TERR STREET ADDRESS MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change **Addition** Hamilton, Marcus G. NAME NAME STREET ADDRESS STREET ADDRESS 8335 NW 165 Terrace CITY-ST-ZIP CITY-ST-ZIP Miami Lakes, FL 33016 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

lul

FILED Mar 29, 2007 8:00 am

Daytime Phone #