
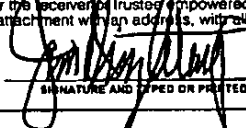


**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90475 005 \*\*\*\*50.00  
 06-06-2007 90069 017 \*\*\*100.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P06000157518</b>			
1. Entity Name <b>JTS RESTAURANT MANAGEMENT INC</b>			
Principal Place of Business 19575 BISCAYNE BLVD #1417 AVENTURA, FL 33180		Mailing Address 19575 BISCAYNE BLVD #1417 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>782 NW 42 Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Ste 637</i>	
City & State		City & State <i>Miami, FL</i>	
Zip	Country	Zip <i>33126</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SINGLETARY, JAMES T 19575 BISCAYNE BLVD #1417 AVENTURA, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SINGLETARY, JAMES T 19575 BISCAYNE BLVD #1417 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without other like empowered.			
SIGNATURE: 		Date: <i>04/25/07</i> Daytime Phone #: <i>305-442-4844</i>	

4)

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03062007 Chg-P CR2E034 (12/06)

4. FEI Number *20-4463839* Applied For  Not Applicable

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