

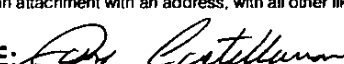


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90006 021 ***158.75

DOCUMENT # P07000096533 1. Entity Name JJRC TECHNOLOGY INC.																													
Principal Place of Business 15986 SW 147 LANE MIAMI, FL 33196			Mailing Address 15986 SW 147 LANE MIAMI, FL 33196																										
2. Principal Place of Business - No P.O. Box # 15986 SW 147 LN		3. Mailing Address Same																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State MIAMI, FL		City & State 		4. FEI Number 26-0817744																									
Zip 33196		Country USA		Zip 33196																									
Country 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CASTELLANOS, JOSE JR 15986 SW 147 LANE MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Jose Castellanos Street Address (P.O. Box Number is Not Acceptable) 15986 SW 147 LN City MIAMI FL Zip Code 33196																										
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  Jose Castellanos 3/20/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>D CASTELLANOS, JOSE JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15986 SW 147 LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI-FL 33196</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	D CASTELLANOS, JOSE JR		STREET ADDRESS	15986 SW 147 LANE		CITY-ST-ZIP	MIAMI-FL 33196		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  Jose Castellanos 3/20/08 305-234-9760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													