


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000038731</b>		
1. Entity Name J & J RESOURCES AND MARKETING INTERNATIONAL, INC.		
Principal Place of Business 3300 UNIVERSITY DR. 225 CORAL SPRINGS, FL 33065	Mailing Address 3300 UNIVERSITY DR. 225 CORAL SPRINGS, FL 33065	

**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0425574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHN SOMMERER & COMPANY, P.A.  
3300 UNIVERSITY DR.  
225  
CORAL SPRINGS, FL 33065

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000102486

04/05/04-80017-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MANLEY, JUDITH H
STREET ADDRESS	2609 SURFWOOD DRIVE
CITY-ST-ZIP	LAS VEGAS, NV 89128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #