2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9300060906

- 1. Entity Name
- J. AND J. PROPERTY INVESTMENTS, INC.



Principal Place of Business

2627 W. 10TH AVE. HIALEAH, FL 33010

Mailing Address

2627 W. 10TH AVE. HIALEAH, FL 33010

FILED May 16, 2008 8:00 am Secretary of State

05-16-2008 90015 011 ***150.00



DO NOT WRITE IN THIS SPACE

05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0503853 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, AMADA 2627 W. 10TH AVE. HIALEAH, FL 33010

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8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	e il applicable. (NOTE: Registere	d Ageni signature	a required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	Election Campaign Finar Trust Fund Contribution.	Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	> OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, AMADA 2627 W. 10TH AVE. HIALEAH, FL 33010					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 trusteg 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 attacting my with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

Daytime Phone #