

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 026 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P95000019849 1. Entity Name JHJ WORLD, INC. | |  | |
| Principal Place of Business 331 NE 3RD AVE DANIA BEACH, FL 33004 | | Mailing Address 331 NE 3RD AVE DANIA BEACH, FL 33004 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 3620 NE 17th Ave | | Suite, Apt. #, etc. 3620 NE 17th Ave | |
| City & State Oakland Park FL | | City & State Oakland Park FL | |
| Zip 33334 | | Zip 33334 | |
| Country | | Country | |
| 4. FEI Number 65-0571685 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEWIS, JONATHAN 331 NE 3RD AVE DANIA BEACH, FL 33004 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3620 NE 17th Ave City <u>Oakland Park</u> <u>FL</u> Zip Code <u>33334</u> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, JONATHAN 331 NE 3RD AVE. DANIA, FL 33004 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| 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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| 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: <u>Jonathan Lewis</u> JONATHAN LEWIS | | Date <u>1-30-08</u> Daytime Phone # <u>954 629-8112</u> | |