## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000058526

J M J INVESTMENTS, INC.



Principal Place of Business

4125 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

Mailing Address

4125 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

## **FILED** Mar 06, 2008 8:00 am Secretary of State

03-06-2008 90037 022 \*\*\*150.00

40039316



02272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-2601084

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HEWETT, AUDLEY 4125 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

	•			•		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or re	gistered agent, or both, in the Sta	ite of Florida. I am familiar with, an	d accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE	<u> </u>
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut			no 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	ч .	· <del>· · · · · · · · · · · · · · · · · · ·</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWETT, AUDLEY 16311 N.W. 8TH DR. PEMBROKE PINES, FL 33028				,	
NAME STREET ADDRESS CITY-ST-ZIP	D HEWETT, LORNA 16311 N.W. 8TH DR. PEMBROKE PINES, FL 33028	:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKS, VERNON 9781 S.W. 147TH ST. MIAMI, FL 33157		-	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENDRYES, SONIA 7980 S.W. 68TH TERRACE MIAMI, FL 33143		**	IN THIS	SPACE	<i>y</i>
TITLE RAME STREET ADDRESS CITY-ST-ZIP	D HEWETT, KEVIN 16311 NW 8TH DR PEMBROKE PINES, FL			e e e e e e e e e e e e e e e e e e e		
TITLE NAME STREET ADDRESS				) :		

12. I hereby certify that the information supplied with this filling 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 accorder 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 charged, or on an attactment with an address, with all follows:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR