2007 FOR PROFIT CORPORATION

May 07, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000081861 05-07-2007 90065 014 ***150.00 JJR INTERNATIONAL CONSULTANTS, INC. Principal Place of Business Mailing Address 9900 W SAMPLE RD, STE 318 9900 W SAMPLE RD, STE 318 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9900 W 04152007 Chg-P CR2E034 (12/06) SVITE City & State 4. FEI Number Applied For ACAZ SPRINGS 65-0865359 Not Applicable 33065 Country \$8.75 Additional 5. Certificate of Status Desired SA USA) 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARY SCHLOSSBERG, BERNARD 11245 W ATLANTIC BLVD, APT 102 CORAL SPRINGS, FL 33071 City DELLAY BEACH 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 SIGNATURE BERNARD SON LOSE BERC Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature required when rem 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 6734 MOONLIT DEIVE TITLE ☐ Delete TITLE SCHLOSSBERG, BERNARD NAME STREET ADDRESS 11245 W ATLANTIC BLVD., #102 STREET ADORESS DELRAY BEACH FL 33446 CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE Delete SCHLOSSBERG, JOAN NAME STREET ADDRESS 11245 W ATLANTIC BLVD., #102 STREET ADORESS CITY-ST-ZIF CORAL SPRINGS, FL 33071 CMY-ST-ZIP Change Addition ☐ Delete THI F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CATY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 supplies with its faint does not goally for the exceptions shall have the same legal effect as if made under oalt; that I am an officer or officer or 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.