

1072

2006 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 20 PH 3:06



DOCUMENT # P98000096127

1. Entity Name
J.E.J. PROPERTIES, INC.

Principal Place of Business
950 NW 3RD AVENUE
MIAMI, FL 33136

Mailing Address
950 NW 3RD AVENUE
MIAMI, FL 33136



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

08222006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
65-0874400

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAHAM, SHIRLENE
950 NW 3RD AVENUE
MIAMI, FL 33136

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	INGRAHAM, SHIRLENE
STREET ADDRESS	15652 NW 14TH ST.
CITY-ST-ZIP	PEMBROKE, FL 33028
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700080269687
CITY-ST-ZIP	09/29/06--01053--006 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Shirley* 9/16/06 305 377 6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

9/16/06

To whom this may concern, I
Shirlene Ingramam DID NOT RECEIVE THESE
CORP. PAPERS UNTIL 9/16/06, I WOULD
APPRECIATE IF YOU WOULD WAIVE 400.00 FEE.

Thank you
J.E.J. Properties
305-377-6210

