

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000104312

1. Entity Name
JJA SALES, INC.



Principal Place of Business
1236 HILLSBORO MILE
SUITE 404
HILLSBORO BEACH FL 33062

Mailing Address
1236 HILLSBORO MILE
SUITE 404
HILLSBORO BEACH FL 33062

2. Principal Place of Business
1251 S.W. 18th ST.
Suite, Apt. #, etc.

3. Mailing Address
1251 S.W. 18th ST.
Suite, Apt. #, etc.

City & State
BOCA RATON FL.
Zip *33486* Country *U.S.A.*

City & State
BOCA RATON FL.
Zip *33486* Country *U.S.A.*

6. Name and Address of Current Registered Agent

JOHNSON-ALFASA, JUDITH
1236 HILLSBOROMILE #404
HILLSBORO BEACH FL 33062

4. FEI Number **65-0887617** Applied For
 Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **JOHNSON-ALFASA, JUDITH**
STREET ADDRESS **1236 HILLSBORO MILE**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judith Johnson-Alfusa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-03 561-620-3809
Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)