


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90015 008 ***150.00

DOCUMENT # V68611

1. Entity Name
JOHNNY MACK ENTERPRISES, INC.



Principal Place of Business
**1900 N KROME AVE
 HOMESTEAD, FL 33030 US**

Mailing Address
**1900 N KROME AVE
 HOMESTEAD, FL 33030 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



03182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**CHILDERS, SUSAN (deceased)
 1900 N KROME AVE
 HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent
 Name **Brown, Jeffrey M.**
 Street Address (P.O. Box Number is Not Acceptable)
1900 N. Krome Ave.
 City **Homestead** FL Zip Code **33030**

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 *Jeffrey M. Brown* DATE **3-18-08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDERS, SUSAN (deceased) <input checked="" type="checkbox"/> Delete 1900 N KROME AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP BROWN, JEFFERY M <input type="checkbox"/> Delete 1900 N KROME AVE HOMESTEAD, FL 33030
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffrey M. Brown* DATE **3-18-08** DAYTIME PHONE # **305 248 5456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR