## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jun 04, 2008 8:00 am Secretary of State **DOCUMENT #423679** 06-04-2008 90002 019 \*\*\*150.00 1. Entity Name JODEE, INC. Mailing Address Principal Place of Business 3100 N 29TH AVE 3100 N. 29TH AVE. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-1457330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALTMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3100 N. 29TH AVE. HOLLYWOOD FL 33020 City Zip Code 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 pititled name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition Delete TITI F TITLE ALTMAN, STEVEN 3100 N. Z9# AVE ALTMAN, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 3370 NE 190ST. #2411 HOLLYWOOD, FL 33020 CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME GREENBERG, JODEE GREENBERG , JODEE STREET ADDRESS 3100 N. 24# AUE STREET ADDRESS 3370 NE 190ST. #2411 CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 HOLLYWOOD, FL 33020 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE [7] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-7IP

STEVEN ALTMAN

5-1-08

(954)926-1900

**FILED**