

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000028080**

1. Entity Name  
**JAY AND JAY OF SOUTHFLORIDA CORP.**



Principal Place of Business  
**2269 S UNIVERSITY DR SUITE 367**  
**DAVIE, FL 33324**

Mailing Address  
**2269 S UNIVERSITY DR SUITE 367**  
**DAVIE, FL 33324**



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **27-0079379** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**DO NOT WRITE**  
**IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PD**  
 NAME **YANCE, JOHNNY**  
 STREET ADDRESS **2269 S UNIVERSITY DR SUITE 367**  
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE **VSTD**  
 NAME **YANCE, MONICA**  
 STREET ADDRESS **2269 S UNIVERSITY DR SUITE 367**  
 CITY-ST-ZIP **DAVIE, FL 33324**

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1100000446053  
 03/07/06-80073-015 150.00

**DO NOT WRITE**  
**IN THIS SPACE**

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:** Johnny Yance  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 954  
 Date Daytime Phone #  
494-1710