

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90188 039 ***150.00

DOCUMENT # P96000011776
 1. Entity Name
JEROLD'S LEGAL CREDITCARD CORPORATION



Principal Place of Business Mailing Address
 400 S.W. 107 AVE 400 S.W. 107 AVE
 # 300 # 300
 MIAMI, FL 33174 US MIAMI, FL 33174 US

40901369



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01092006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0721666 Not Applicable

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

~~6. Name and Address of Current Registered Agent
 ECHEGARAY, ZAHIRA
 2880 SW 137TH AVENUE
 MIAMI, FL 33175~~

7. Name and Address of New Registered Agent
 Name **Jose L. Bertran**
 Street Address (P.O. Box Number is Not Acceptable)
400 SW 107 AVE
300
 City **Miami** FL Zip Code **33174**

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]* DATE **1/9/06**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PS ECHEGARAY, ZAHIRA 2880 SW 137TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERTRAN, JOSE L 2880 SW 137TH AVENUE MIAMI, FL 33175 <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
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	PS Jose L Bertran <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 SW 107 AVE # 300 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Zahira Echegaray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 SW 107 AVE # 300 Miami, FL 33174
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
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: *[Signature]* Date **1/9/06** Daytime Phone # **(305) 207 8814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR