

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

03-29-2006 90124 030 ***150.00

DOCUMENT # P05000037547					
1. Entity Name A 34 JUPITER, CORP.					
Principal Place of Business 10101 E BAY HARBOR DRIVE SUITE 205 BAY HARBOR ISLANDS, FL 33154			Mailing Address 10101 E BAY HARBOR DRIVE SUITE 205 BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business 9224 BYRON AVE			3. Mailing Address 9224 BYRON AVE.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SURFSIDE, FL			City & State SURFSIDE, FL		
Zip 33154		Country DADE		Zip 33154	
Country DADE		4. FEI Number 20-2479250			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOYE, HERNAN 10101 E BAY HARBOR DRIVE SUITE 205 BAY HARBOR ISLANDS, FL 33154					
7. Name and Address of New Registered Agent Name: RICARDO FOYE Street Address (P.O. Box Number is Not Acceptable): 9224 BYRON AVE. City: SURFSIDE FL Zip Code: 33154					
8. The above named entity certifies 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: DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FOYE, RICARDO E 10101 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BORREGO, CARLOS A 10101 E BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154				
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				
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 to this report, with all other like empowered. SIGNATURE: DATE: _____ DAYTIME PHONE #: _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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