## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 04, 2006 8:00 am Secretary of State 05-04-2006 90252 004 \*\*\*158.75 **DOCUMENT #682161** 1. Entity Name THE JONES CHARTER COMPANY, INC. 50018794 Principal Place of Business Mailing Address 4901 MONROE STREET **4901 MONROE STREET** HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US 2. Principal Place of Business 3. Mailing Address 3399 NW South River Dz SAME Suite, Apt. #, etc. Suite, Apt. #, etc Chg-P 04282006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Minni Floring 59-2026108 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33142 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Juan Diaz EsquiRE CANNON, ALLEN Street Address (P.O. Box Number is Not Acceptable) 13520 NW 1ST AVE BISCAYNE GARDENS, FL 33168 5800 Hudhwest 74+ AUE City HiAmi Zip Code 33166 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. 28,2006 Jum Dioc , Esquine SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Dinector Addition TITLE X Delete JONES, CAROLINE NAME NAME Jose I. Banned 3399 NW South River Drive STREET ADDRESS 4901 MONROE STREET STREET ADDRESS Floring 33142 CITY-ST-7IP HOLLYWOOD, FL 33021 CITY-ST-ZIP Minni Director Change Addition TITLE X Delete TITLE JENKINS, CLAUDIA L Victor BAREN NAME NAME 3399 DW South River Drive 508 N RAINBOW DR STREET ADDRESS STREET ADDRESS HiAMi , Floring 33142 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP **Addition** ☐ Delete [7] Change TITLE Dinecton NAME NAME Elias Rodniquez 3399 Dw South River Drive STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP Floring 33142 CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Juan Diaz F59 - allowers . in Fact

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

April 28,2006

Daytime Phone #

FILED