

FILED
Jun 30, 2006 8:00 am
Secretary of State

03-21-2006 90008 039 ***150.00
06-30-2006 90002 001 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000022393			
1. Entity Name JINGLES JEWISH SINGLES, INC.			
Principal Place of Business 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181		Mailing Address 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 65-0517604		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDSMAN, LISA C ESQUIRE 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	D	☐ Delete	
NAME	POMERONZ, ROY H		
STREET ADDRESS	12955 BISCAYNE BLVD		
CITY - ST - ZIP	MIAMI, FL 33151		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
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.			
SIGNATURE: <i>Roy H. Pomeronz</i>		6/23/06 305 891-5858	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR		Date Devere Place	