

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M32627

**Entity Name:** J.T. OF MIAMI, INC.

**Current Principal Place of Business:**

5400 S UNIVERSITY DRIVE  
208  
DAVIE, FL 33328

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC8958614851**

**Current Mailing Address:**

5400 S UNIVERSITY DRIVE  
208  
DAVIE, FL 33328 US

**FEI Number:** 59-2702077

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FEDERICI, SONDR  
5400 S UNIVERSITY DRIVE  
208  
DAVIE, FL 33328 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name FEDERICI, SONDR  
Address 5400 S UNIVERSITY DRIVE  
208  
City-State-Zip: DAVIE FL 33328

Title P  
Name LEWIN, NAOMI  
Address 5400 S UNIVERSITY DRIVE  
208  
City-State-Zip: DAVIE FL 33328

Title VP  
Name FEDERICI, JAMES  
Address 5400 S UNIVERSITY DRIVE  
208  
City-State-Zip: DAVIE FL 33328

Title VP  
Name LEWIN, CURT  
Address 5400 S UNIVERSITY DRIVE  
208  
City-State-Zip: DAVIE FL 33328

Title VP  
Name HERNANDEZ, RHONDA  
Address 5400 S UNIVERSITY DRIVE  
208  
City-State-Zip: DAVIE FL 33328

Title VP  
Name LEWIN, HARLEY  
Address 5400 S UNIVERSITY DRIVE  
208  
City-State-Zip: DAVIE FL 33328

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONDR FEDERICI

VP

01/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date