# 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.

OWNER

# SIGNATURE: OFER JACOB

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# V64855

Entity Name: THE JET SKI DOCTOR, INC.

### Current Principal Place of Business:

1056 NW 3RD STREET HALLANDALE, FL 33009

#### **Current Mailing Address:**

1056 NW 3RD STREET HALLANDALE, FL 33009 US

# FEI Number: 65-0364753

# Name and Address of Current Registered Agent:

JACOB, OFER 5347 SW 32ND TRC FT. LAUDERDALE, FL 33312 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

# Officer/Director Detail :

Title	PD	Title	VP
Name	JACOB, OFER	Name	SHARON JACOB
Address	1925 NE 204TH TERR	Address	1925 NE 204TH TERR
City-State-Zip:	N MIAMI BEACH FL 33179	City-State-Zip:	N MIAMI BCH FL 33179

Feb 09, 2018 Secretary of State CC8409317381

FILED

Certificate of Status Desired: No

Date

02/09/2018

Date