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Secretary of State
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 316192

1. Entity Name
JET POWER INC., MIAMI

Principal Place of Business	Mailing Address
1792 N.W. 94 AVENUE DORAL, FL 33172	1792 N.W 94 AVENUE DORAL, FL 33172

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1162987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALWANY, MARIE
~~10945 SW 53 AVE.~~ 10945 LAKESIDE DR
~~MIAMI, FL 33156~~ CORAL GABLES, FL 33156

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	HALWANY, MARIE
STREET ADDRESS	~~10945 SW 53 AVE.~~ 10945 LAKESIDE DR
CITY-ST-ZIP	~~MIAMI, FL 33156~~ CORAL GABLES, FL 33156
TITLE	S/T
NAME	ADDERTON, LEILA, H
STREET ADDRESS	5760 S.W. 119 STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Marie Halwany 1/10/2006
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING OFFICER OR~~ DIRECTOR — Date — Daytime Phone #