

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**


01-22-2007 90112 031 \*\*\*150.00

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01172007 No Chg-P CR2E034 (11/05)

**DOCUMENT # 545835**  
1. Entity Name  
JON-WADDY CORP.



Principal Place of Business: 6250 NW 35TH AVE. MIAMI, FL 33147  
Mailing Address: 6250 NW 35TH AVE. MIAMI, FL 33147

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-1955658 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COURSHON, CHARLES J.  
1428 BRICKELL AVENUE  
SUITE 206  
MIAMI, FL 33131

**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, 2007 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	SALSTEIN, ABRAHAM
STREET ADDRESS	8920 SW 117TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD
NAME	SALSTEIN, HOWARD
STREET ADDRESS	10835 SW 138TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	STD
NAME	SALSTEIN, JOSHUA
STREET ADDRESS	7800 SW 132ND ST
CITY-ST-ZIP	MIAMI, FL 33156
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:  **Abraham Salstein** 01-18-07 (305)693-6868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #