

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90039 016 ***150.00

40101335



07052006 Chg-P CR2E034 (11/05)

DOCUMENT # F00000003548 1. Entity Name JONATHAN DREW INC.					
Principal Place of Business 12415 S.W. 136TH AVENUE MIAMI, FL 33186			Mailing Address 12415 S.W. 136TH AVENUE MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 13-3867883			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAMEL, MARVIN 12400 SW 134TH COURT BAYS 13 AND 14 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name SAMEL, MARVIN Street Address (P.O. Box Number is Not Acceptable) 12415 SW 136TH AVENUE SUITE #2 City MIAMI FL Zip Code 33186		
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: 8/4/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMEL, MARVIN 12415 S.W. 136TH AVENUE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAKA, STEVE 12415 S.W. 136TH AVENUE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 filers empowered.					
SIGNATURE:			8/4/06 786-S81-1800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		