

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # F02177**

1. Entity Name  
**JAMAICA BAY EAST MANAGEMENT CO., INC.**



Principal Place of Business  
**16236 SAN DIEGUITO RD.  
SUITE 1-21  
RANCHO SANTA FE, CA 92067 US**

Mailing Address  
**P.O. BOX 8960  
RANCHO SANTA FE, FL 92067 US**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2234834** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JON, HINDEN A ESQ  
WEBBER, HINDEN, & MCLEAN  
4430 SW 64TH AVE  
FORT LAUDERDALE, FL 33314**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

**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	DALE, JAMES M
STREET ADDRESS	5637 LA GRANADA
CITY-ST-ZIP	RANCHO SANTA FE, CA
TITLE	SD
NAME	BONNIE, DALE
STREET ADDRESS	PO BOX 8960
CITY-ST-ZIP	RANCHO SANTA FE, CA 92067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1001000407205  
02/08/06-80007-006 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #