


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90025 043 \*\*\*158.75

<b>DOCUMENT # H52059</b> 1. Entity Name <b>JONAS THERAPY ASSOCIATES</b>					
Principal Place of Business <b>199 W PALMETTO PARK RD STE. 3 BOCA RATON, FL 33432 US</b>			Mailing Address <b>C/O RENAI JONAS 206 N.W. 41ST AVENUE DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>130 Pine Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>130 Pine Circle</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b> Zip <b>33432</b> Country <b>US</b>		City & State <b>Boca Raton, FL</b> Zip <b>33432</b> Country <b>US</b>		4. FEI Number <b>59-2536360</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JONAS, RENAI 208 N.W. 41ST AVENUE DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>Jonas, Renai</b> Street Address (P.O. Box Number is Not Acceptable) <b>130 Pine Circle</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JONAS, RENAI</b> <b>208 NW 41 AVE</b> <b>DEERFIELD BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Jonas, Renai</b> <b>130 Pine Circle</b> <b>Boca Raton, FL 33432</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>Renai Jonas</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/4/05</b>		Daytime Phone # <b>(561) 670-4562</b>