


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90022 033 ***150.00

DOCUMENT # H61280 1. Entity Name JEFF B. BECKER AND CO.	
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40056318



Principal Place of Business 1521 SHAW DRIVE KEY LARGO, FL 33037	Mailing Address 1521 SHAW DR KEY LARGO, FL 33037
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2. Principal Place of Business - No P.O. Box # 8300 SW 150 Avenue Suite, Apt. #, etc. APT 103 City & State MIAMI FL Zip 33193 Country USA	3. Mailing Address 8300 SW 150 Avenue Suite, Apt. #, etc. APT 103 City & State MIAMI FL Zip 33193 Country USA
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03062007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2572578
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKER, JEFFREY B 1521 SHAW DRIVE KEY LARGO, FL 33037
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8300 SW 150 Avenue APT 103 City MIAMI FL Zip Code 33193
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKER, JEFFREY B 1521 SHAW DRIVE KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8300 SW 150 AVENUE #103 MIAMI FL 33193 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARNOTT, LISETTE 1521 SHAW DR KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8300 SW 150 AVENUE #103 MIAMI FL 33193 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 419, 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:  Jeffrey B. Becker

4/5/07

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297-9584