
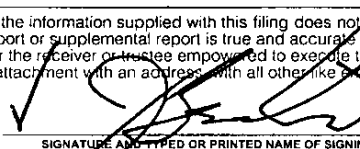


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90197 013 \*\*\*150.00

<b>DOCUMENT # H61280</b> 1. Entity Name <b>JEFF B. BECKER AND CO.</b>			
Principal Place of Business <b>8300 SW 150 AVENUE APT 103 MIAMI, FL 33193</b>		Mailing Address <b>8300 SW 150 AVENUE APT 103 MIAMI, FL 33193</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>11473 MAJESTIC DR.</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>Montgomery TX</b> Zip <b>77316-9639</b>	
Country <b>USA</b>		4. FEI Number <b>59-2572578</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BECKER, JEFFREY 8300 SW 150 AVENUE APT 103 MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BECKER, JEFFREY B</b> <b>8300 SW 150 AVENUE #103</b> <b>MIAMI, FL 33193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address X Change</b> <b>11473 MAJESTIC DR.</b> <b>MONTGOMERY TX 77316-9639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DARNOTT, LISETTE</b> <b>8300 SW 150 AVENUE APT #103</b> <b>MIAMI, FL 33193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address X Change</b> <b>11473 MAJESTIC DR.</b> <b>MONTGOMERY TX 77316-9639</b>
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
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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 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: 		<b>Jeffrey B. Becker</b> Date <b>4/24/08</b> Daytime Phone # <b>(305)297-9584</b>	