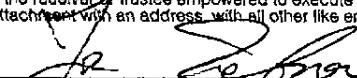


FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # J11580 1. Entity Name J & A ZEMBRON, INC.				Feb 16, 2006 08:00 AM Secretary of State	
Principal Place of Business ZEMBRON, JAN 5220 NE 33RD AVE FT LAUDERDALE, FL 33308 US		Mailing Address ZEMBRON, JAN 5220 NE 33RD AVE FT LAUDERDALE, FL 33308 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 59-2676027	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEMBRON, JAN 5220 NE 33RD AVE FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 rechartering) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZEMBRON, JAN 5220 N.E. 33 AVENUE FORT LAUDERDALE, FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1101000436327 02/27/06-80032-024 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZEMBRON, ANDRZEY 8630 S.W. 12 STREET, BOX K-4 PEMBROKE PINES, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: 			2-13-06 954-829-9022		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		