

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # J88843

1. Entity Name
JEBSAM PROPERTIES, INC.



Principal Place of Business
**4440 NE 20TH AVE
FT LAUDERDALE, FL 33308 US**

Mailing Address
**801 S FEDERAL HWY
APT 1107
POMPANO BEACH, FL 33062-6768 US**



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0319068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LONSTEIN, EUGENE M
801 S FEDERAL HWY
APT 1107
POMPANO BEACH, FL 33062-6768**

**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 consulting)

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**

**000000485464
04/21/06-80012-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LONSTEIN, EUGENE M.
STREET ADDRESS	801 S FEDERAL HWY #1107
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	LONSTEIN, JONATHAN, A
STREET ADDRESS	4170 N MARINE DR #21G
CITY-ST-ZIP	CHICAGO, IL 60613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Eugene M. Lonstein EUGENE M. LONSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 954-673-9100

DATE

Daytime Phone #