## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 23, 2007 08:00 Al Secretary of State

ANNUAL REPORT							
DOCUMENT # J9215  1. Entity Name JERRY MARSHALL PRODU							
Principal Place of Business	Mailing Address	-					
10120 S.W. 98 AVE	10120 S.W. 98 AVE						
MIAMI, FL 33176	MIAMI, FL 33176						
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Principal Place 10120 S.W. 9 MIAMI, FL 33	98 AVE	Mailing Address 10120 S.W. 98 AVE MIAMI, FL 33176		- - - - - - - - - - - - - - - - - - -	O INIEN HONI HUNNI SHINI ONI	I BI'SH BISH BISH	83811 81811 81811881 (4 188)
				-    -  -			
DO NOT WRITE IN THIS SPACE		CE	04052007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For				
				59-284 5. Certificate	of Status Desired		Not Applicable  8.75 Additional ee Required
	6. Name and Address of Current Regi	stered Agent		<u> </u>			,
MARSHALL, JERRY 10120 SW 98 AVE MIAMI, FL 33176			DO NOT WRITE IN THIS SPACE				
8. The above hand 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 profed name of registered agent and bits of applicable. (NOTE: Registered Agent agnature required when renatating)  DaffE							
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing \$5	.00 May Be ded to Fees	U00000 05/04/07-	0727409 -80045-	019 150.00
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JERRY 10120 SW 98 AVE MIAMI, FL		:		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with this	filing does not qualify for the ex-	emptions containe	d in Chapter 11	9, Florida Statutes. I	further certi	ly 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 attachionnt with an address, with all other like empowered.

SIGNATURE:/