

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**


7/2

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-24-2006 90008 001 ***150.00

DOCUMENT # M36159

1. Entity Name
JORDAN KATZ REAL ESTATE INC.
6801 LAKE WORTH ROAD
LAKE WORTH, FL. 33467-2955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
59-2709213

Applied For
 Not Applicable

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

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THELMA KATZ

Street Address (P.O. Box Number is Not Acceptable)
5312 FOUNTAINS DR S.

City
LAKE WORTH, FL Zip Code
33467

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 *Thelma Katz* DATE _____

Signature, typed or printed name of registered agent and 19.14 applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT WYMAN PRESIDENT 3095 S. MILITARY TR. # 5 LAKE WORTH, FL. 33463-2105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT WYMAN VICE-PRESIDENT 3095 S. MILITARY TR. # 5 LAKE WORTH, FL. 33463-2105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT WYMAN TREASURER 3095 S MILITARY TR. #5 LAKE WORTH, FL. 33463-2105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT WYMAN 3095 S. MILITARY TR. # 5 LAKE WORTH, FL. 33463-2105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other powers empowered.

SIGNATURE *Thelma Katz* DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR