## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2006 08:00 AM DOCUMENT # M43192 **Secretary of State** 1. Entity Name JERÓME RUBIN, INC. Principal Place of Business Mailing Address 10689 NW 17TH COURT 10689 NW 17TH COURT CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 CR2E034 (11/05) No Chg-P 01122006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2746701 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUBIN, JEROME 10689 NW 17TH CT CORAL SPRINGS, FL 33071 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 the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RUBIN, JEROME NAME STREET ADDRESS 10689 N.W. 17TH CT. CITY-ST-ZIP CORAL SPRINGS, FL TITLE NAME U00000389296 STREET ADDRESS 01/20/08-80040-007 150.00 CITY -ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

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FILED