2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005591



FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90340 049 ****61.25

JASMINE ASSOCIA	EAT THE HAMMOCKS CO ATION, INC.								
Principal Place of Business C/O MICHAEL E. REHR, ESQ. 9500 S DADELAND BLVD STE 550 MIAMI, FL 33156 Mailing Address C/O MICHAEL E. REHR, ESQ. 9500 S DADELAND BLVD STE 55 MIAMI, FL 33156				550] 	2m) 65m 65m 66m	27576 		INDL BI LBII
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232006 CI	ng-NP	CR2E03	7 (11/05)		
City & State		City & State			4. FEI Number 41-2188866				plied For t Applicable
Zip	Country .	Zip	Cou	intry	5. Certificate of St	atus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New F	tegistered A	gent	
REHR, MICHAEL E 9500 S DADELAND BLVD STE 550 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable)						
4117-1411, 1 L	33130		-					-	
				City			FL	Zip Code	е .
	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registere	ed office or register	red agent, or both, in	the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, hided or printed name of registered agen	t and title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating)		DATE	•	
	Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.					
**					\$5.00 No Be Added to E		lake check ida Depart		
10.	Due by May 1, 2006 OFFICERS AND D	Trust Fund		ion.	\$5.00 Be Added to Be	Floi	ida Depart	ment of St	ate
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10. TITLE NAME STREET AODRESS	Due by May 1, 2006 OFFICERS AND DI NIMMOOR, GEORGE 1322 NW 167 AVE	Trust Fund	11. TITLE NAME STREE	E E E E E E E E E E E E E E E E E E E	Added to Fig.	Floi	ida Depart	ment of SI	10
10. INTLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DI D NIMMOOR, GEORGE	Trust Fund	11. ITLE NAME STREE CITY	E E E E E E ST-ZIP	Added to Fig.	Floi	ida Depart	ECTORS IN	10 Addition
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I nereby 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #