

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001158

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: JUBILATE, INC.

## Current Principal Place of Business:

8310 MENTEITH TERR  
MIAMI LAKES, FL 33016 US

## New Principal Place of Business:

## Current Mailing Address:

8310 MENTEITH TERR  
MIAMI LAKES, FL 33016 US

## New Mailing Address:

FEI Number: 65-0547383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOTT, GEORGE J  
5975 SUNSET DR.  
#302  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPENCER, JOSEF  
Address: 8784 SW 176 TERR  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: HALL, NELSON  
Address: 13423 SW 27TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: VT ( ) Delete  
Name: ANDERSON, WAYNE  
Address: 8310 MENTEITH TERR  
City-St-Zip: MIAMI, FL 33016 US

Title: D ( ) Delete  
Name: BUDDY, CHARMYN  
Address: 15119 SW 138 PLACE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE O ANDERSON

VT

02/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date