
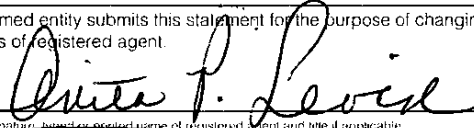


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 048 \*\*\*\*61.25

<b>DOCUMENT # N98000004483</b> 1. Entity Name <b>JACARANDA PROFESSIONAL PARK ASSOCIATION INC.</b>					
Principal Place of Business <b>C/O SPECTRUM COMMERCIAL GROUP</b> <del>3600 W COMMERCIAL BLVD #216</del> <del>FORT LAUDERDALE FL 33309</del>				Mailing Address <b>C/O SPECTRUM COMMERCIAL GROUP</b> <del>3600 W COMMERCIAL BLVD #216</del> <del>FORT LAUDERDALE FL 33309</del>	
2. Principal Place of Business <b>1451 W. CYPRESS CREEK RD</b> Suite, Apt. #, etc. <b>SUITE 300</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33309</b>		3. Mailing Address <b>1451 W CYPRESS CREEK RD.</b> Suite, Apt. #, etc. <b>SUITE 300</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33309</b>		4. FEI Number <b>65-0870076</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent <b>LEVIN, ANITA</b> <b>C/O SPECTRUM COMMERCIAL GROUP, INC.</b> <del>3600 WEST COMMERCIAL BOULEVARD #216</del> <del>FORT LAUDERDALE FL 33309</del>				7. Name and Address of New Registered Agent Name <b>ANITA LEVIN C/O SPECTRUM COMMERCIAL GROUP</b> NEW ADDRESS: <b>1451 W. Cypress Creek Rd.</b> <b>Suite 300</b> <b>Ft. Lauderdale, FL 33309</b>	
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  DATE <b>2/7/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROUWER, G J 23965 WARDEN AVENUE KESWICK, ONTARIO L4P 3E9	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, NELSON 12277 SW 55TH #901 COOPER CITY FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELORENZO, LYNN 7901 SW 6TH CT #475 PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

4/7/06 954-928-2828