


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0000065960

1. Entity Name
JACQUELINE E RHODES P.A.



Principal Place of Business
 4900 NO. OCEAN BLVD. #1611
 FT LAUDERDALE FL 33308

Mailing Address
 4900 NO. OCEAN BLVD. #1611
 FT LAUDERDALE FL 33308

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

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


City & State
 City & State

Zip
 Country

FILED

2006 OCT -4 AM 10: 58

SECRETARY OF STATE
 PALM BEACH, FLORIDA



2nd MOORE CR2E034 (4/06)

6. Name and Address of Current Registered Agent

RHODES, JACQUELINE E
4900 NO. OCEAN BLVD. #1611
FT LAUDERDALE FL 33308

4. FEI Number 65-1022336
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RHODES, JACQUELINE E	
STREET ADDRESS	4900 NO. OCEAN BLVD. #1611	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME	<i>None received any</i>	
STREET ADDRESS	<i>notice prior to this</i>	
CITY - ST - ZIP	<i>one</i>	
TITLE		<input type="checkbox"/> Delete
NAME	<i>I was away on</i>	
STREET ADDRESS	<i>vacation to Canada</i>	
CITY - ST - ZIP	<i>from July 4th to</i>	
TITLE		<input type="checkbox"/> Delete
NAME	<i>August 24th</i>	
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300080463609	
STREET ADDRESS	10/04/06--01039--025 **150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Please check recent</i>	
STREET ADDRESS	<i>year. I have always</i>	
CITY - ST - ZIP	<i>paid on time.</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline E Rhodes* **9/15/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **19**