


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 020 ***150.00

DOCUMENT # P00000072372	
1. Entity Name JAB AMERICA, INC.	

Principal Place of Business C/O JEFFREY H. BECK PLAN ADMINISTRATOR 225 NE MIZNER BLVD SUITE 780 BOCA RATON, FL 33432	Mailing Address C/O JEFFREY H. BECK PLAN ADMINISTRATOR 225 NE MIZNER BLVD SUITE 780 BOCA RATON, FL 33432
--	--

2. Principal Place of Business - No P.O. Box # 225 NE Mizner Blvd	3. Mailing Address 225 Mizner Blvd
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432	Country Palm Bch



01312007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1029246	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PA	<input type="checkbox"/> Delete	TITLE Plan Administrator	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAPTER 11 TRUSTEE, JEFFREY H. BECK		NAME Jeffrey H. Beck	
STREET ADDRESS 225 NE MIZNER BLVD., SUITE 780		STREET ADDRESS 225 NE MIZNER BLVD SEE 300	
CITY-ST-ZIP BOCA RATON, FL 33432		CITY-ST-ZIP BOCA RATON FLORIDA 33432	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jeffrey H. Beck, Plan Admin Date: 2/5/07 (56) 11:00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #