## 2006 FOR PROFIT CORPORATION

## **FILED** .Ian 09. 2006 08:00 AM

ANNUAL REPURI				Jan 07, 2000 00.00 A				
DOCU	MENT # P010000538			Sec	retary -	of State		
1. Entity Name JW MANAGEMENT, INC.								
2901 5TH A	ce of Business NVE. NORTH BURG, FL 33713	Mailing Address 2901 5TH AVE. NORTH ST. PETERSBURG, FL 33713		 	111 BB1(\$1 1101) BB1(1) BB1(1) BB1		16 1 <b>001) ed</b> ilede al loca	
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DO NOT WRITE IN THIS SPACE			CE	01042006	No Chg-P	CR2E034 (1	11/05)	
			CE	4. FEI Numb			Applied For Not Applicable	
				1	e of Status Desired	□ \$8.1	75 Additional Required	
	6. Name and Address of Current Re		-			auster Zenerlazur, austau		
RUIZ, GUILLERMO A 2901 5TH AVE. NORTH ST. PETERSBURG, FL 33713					NOT W THIS SP			
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familia	ar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	d Agent signature required	when reinstating		OATE	·		
FILE NOW!!! FEE 1S \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing _ \$5.	00 May Be ed to Fees			<u>.</u>	
10.	OFFICERS AND DI	RECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, GUILLERMO A 6836 TEQUESTA DR. SEMINOLE, FL 33777				Unonna	2007 <i>c</i> n	ဆို ခေ လ <sup>ယ</sup> ခု သက်သော သိတ်သော လို ရည်းရေး ရမှန်များရေး ရေး လေးခ	
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TITLE NAME			Military proper a decomposition and a standards of the st	E. I. g. je gov, er elfigedørder	menteral entre	<del>anang</del> parabas g	in defactions were	

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 of 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 repeiver 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.

STREET ADDRESS CITY-ST-ZIP

WUAF HE GUILLENO A. RUIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127-321-2728