


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90189 035 \*\*\*150.00

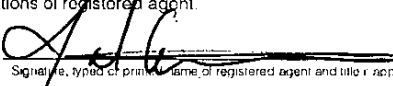
<b>DOCUMENT #</b> P01000067348			
1. Entity Name <b>JACKSTER - CYCLEART, INC.</b>			
Principal Place of Business <b>10854 S.W. 188 STREET MIAMI FL 33157</b>		Mailing Address <b>10854 S.W. 188 STREET MIAMI FL 33157</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9965 SW 165th</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI FL</b>	
Zip	Country	Zip	Country
<b>33157</b>	<b>US</b>	<b>33157</b>	<b>US</b>



1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-1124504</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>ALTMAN, JACK 10854 S.W. 188 STREET MIAMI FL 33157</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> 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  DATE **04/17/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTMAN, JACK</b>	NAME	
STREET ADDRESS	<b>9965 S.W. 165TH TERR.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	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 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 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:  **Jack Altman** DATE **04/17/07** 305 310-0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR