


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90040 005 ***150.00

DOCUMENT # P01000067348	
1. Entity Name JACKSTER - CYCLEART, INC.	

Principal Place of Business 10854 S.W. 188 STREET MIAMI FL 33157	Mailing Address 9965 SW 165 TER MIAMI FL 33157
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2. Principal Place of Business - No P.O. Box # 9965 SW 165 TER.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Miami FL	City & State
Zip 33157	Country US

4. FEI Number 65-1124504	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ALTMAN, JACK 10854 S.W. 188 STREET MIAMI FL 33157	
7. Name and Address of New Registered Agent Name Jack Altman Street Address (P.O. Box Number is Not Acceptable) 9965 SW 165 TER City Miami FL 33157	

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 Jack Altman <small>Signature, typed or printed name of registered agent and state if applicable.</small>	DATE 03 14 08 <small>NOTE: Registered Agent signature required when removing and/or adding.</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTMAN, JACK 9965 S.W. 165TH TERR. MIAMI FL 33157 <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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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 03 14 08 <small>Daytime Phone #</small>