

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90190 045 \*\*\*150.00

**DOCUMENT # P02000014389**

1. Entity Name  
**JURA UNLIMITED, INC.**



Principal Place of Business

**2111 NW SETTLE AVE/  
PT. ST. LUCIE, FL 34986**

Mailing Address

**2111 NW SETTLE AVE  
PT. ST. LUCIE, FL 34986**

**50036476**



03202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0645820</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ENTIN, RICHARD C  
4300 N UNIVERSITY DR, SUITE D-202  
FT LAUDERDALE, FL 33351**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VINCENTE, RALPH
STREET ADDRESS	7716 GREENBRIER CIRCLE
CITY-ST-ZIP	PT. ST. LUCIE, FL 34986

TITLE	D
NAME	BLACK-VINCENTE, JUNE
STREET ADDRESS	7716 GREENBRIER CIRCLE
CITY-ST-ZIP	PT. ST. LUCIE, FL 34986

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*June Black-Vincente* 4/5/05 772 595-3422