## 2006 FOR PROFIT CORPORATION

## Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-24-2006 90399 003 \*\*\*150.00 DOCUMENT # P02000014389 JURA UNLIMITED, INC. 4000 Principal Place of Business Mailing Address 2111 NW SETTLE AVE/ 2111 NW SETTLE AVE PT. ST. LUCIE, FL 34986 PT. ST.LUCIE, FL 34986 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01-0645820 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENTIN, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 4300 N UNIVERSITY DR, SUITE D-202 FT LAUDERDALE, FL 33351 City Zip Code FL 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Belete TITLE ☐ Addition TITLE VINCENTE, RALPH NAME NAME 10312 CROSBY PLACE <del>7716 OREENBRIER GIRCLE</del> -STREET ADDRESS STREET ADDRESS PT. ST. LUCIE, FL 34986 CITY-ST-ZIP CITY+ST-7IP Change ☐ Delete TITLE ■ Addition TITLE **BLACK-VINCENTE, JUNE** NAME NAME CROSBY PLACE 10312 7716 GREENBRIER GIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. ST. LUCIE, FL 34986 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: 4 OR DIRECTOR

CITY-ST-7IP

4-20-0C

Daytime Phone #

**FILED**