


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045195					
1. Entity Name JRP MANAGEMENT, INC.					
Principal Place of Business 19701 N E 21ST COURT NORTH MIAMI BEACH FL 33179			Mailing Address 19701 N E 21ST COURT NORTH MIAMI BEACH FL 33179		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3676518	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REIFF, ANDREW L 135 W. CENTRAL BOULEVARD SOUTHTRUST BANK BLDG., - STE. 720 ORLANDO FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
D REIFF, JOSEPH G 19701 N E 21ST COURT NORTH MIAMI BEACH FL 33179	U000000337382 04/27/05-80168-007 158.75				
[Delete]	[Change] [Addition]				
[Delete]	[Change] [Addition]				
[Delete]	[Change] [Addition]				
[Delete]	[Change] [Addition]				
[Delete]	[Change] [Addition]				
[Delete]	[Change] [Addition]				
[Delete]	[Change] [Addition]				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 all other like empowered.					
SIGNATURE: <i>Joseph G. Reiff</i> JOSEPH G. REIFF					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/28/05					
Daytime Phone #: 954 920 400					