2006 FOIL PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

t. Entity Name SOUTH FLORIDA LL	F 02000049137 JX JRY BUILDERS, CORP		
Principal Place of Business 11701 NW Zf ST	Mailing Address 11701 NW 26 ST		
PLANTATION, 1 33323	— PLANTATION, FL 33323		
ON C/D	T WRITE IN THIS SPA	CE	04302006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name an	d A Idress of Current Registered Agent		Fea Required
MYERS, JOEL PRES. 11701 NW 26 ST PLANTATIC N, FL 333	-		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered a sent.			
SIGNATURES nature, typed or pr	mile name of registered agent and title if applicable. (RIO?E: Registe	red Agéni signature required	s when removal(NU) DATE
FILE NOWIII FE After May 1, 2006 F	9. Election Campaign Fin.		.00 May Be ed to Feel
10.	OFFICERS AND DIRECTORS		
NAME AYERS, JOE			
SIRELI ADDRESI. 1701 NW 2	6: F N. L 33323	1	
TITLE NAME		1	(100000588576
STREET ADDRESS CITY-ST-ZIP		_	05/18/06 80044-021 150.00
NAME			
STITLET ADDRESS. CITY-ST-ZIP			DO NOT WRITE
TITLE NAME		1	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	·	1	
Street address City-St-Zip			
TITLE		1	
NAME STREET ADDRESS		1	
12. I hereby ce tily that the infinitioated on this report or of the corporation or the re	on ation supplied with this filling does not qualify for the ea specified and the proof is true and accurate and that my slon sor ver or trustee empowered to execute this report as requ	xen ptions contained ature shall have the suited by Chapter 607	in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under cett; that I am an officer or director. Florida Statutes; and that my name appears in 8lock 10 or Block 11 if
12. Therebyice tilly 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 supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information or chapter certification or the recet ver 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 chapter 607, or an attachme title an address, with all other like empowered.			
SIGNATURE: 34 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Date O ORIGINAL PRODUCT OR			