

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000059619**

1. Entity Name  
**JANG MARKETING, INC.**



Principal Place of Business  
**6574 N. SR 7  
SUITE 351  
COCONUT CREEK, FL 33073**

Mailing Address  
**6574 N. SR 7  
SUITE 351  
COCONUT CREEK, FL 33073**



08152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0706760**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSENBRIER, GILBERT  
7000 E. CYPRESS HEAD DR.  
PARKLAND, FL 33067**

**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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

000000574732

08/18/06 00005-011 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ROSENBRIER, GILBERT  
7000 E. CYPRESSHEAD DR.  
PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
ROSENBRIER, CLAUDETTE  
7000 E. CYPRESSHEAD DR.  
PARKLAND, FL 33067**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*GIL ROSENBRIER* 8/15/06 954-461-3104