2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000128096

Name:

Address:

City-St-Zip:

FILED Nov 08, 2006 Secretary of State

Entity Nai	ne: JET FRE	SH FOODS, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
UNIT #2	DIESEL DRIVE PRINGS, FL 3	4135						
Current Mailing Address:				New Mailing Address:				
UNIT #2	DIESEL DRIVE PRINGS, FL 3	4135						
FEI Number:	: 57-1155995	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of S	Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
VEHLHAB 5847 WHIS NAPLES, I	ER, DON R SPERWOOD C FL 34110 U							
	named entity s e of Florida.	submits this statement for the	e purpose of	changing it	s registered o	office or registe	ered agent, or both,	
SIGNATUR	RE:							
	Electron	ic Signature of Registered A	gent			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DS () VEHLHABER, D 5847 WHIPERW NAPLES, FL 34	VOOD CT		Title: Name: Address: City-St-Zip:	() Change()Ado	dition	
Title: Name: Address: City-St-Zip:	DP () VEHLHABER, K 5847 WHIPERV NAPLES, FL 34	VOOD CT		Title: Name: Address: City-St-Zip:	() Change ()Ado	dition	
Title: Name: Address: City-St-Zip:	DT () TOBACK, JERE 1356 TROTTER JACKSONVILLE	S WALKWAY		Title: Name: Address: City-St-Zip:	DT (X TOBACK, JER 12422 ROCK F FT MYERS, FL	RIDGE LANE	dition	
Title:	()	Delete		Title:	VP () Change (X) Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LAWRENCE, SHERRI L

10041 MADDOX LANE UNIT #C101

BONITA SPRINGS, FL 34135 US

SIGNATURE: DON R VEHLHABER S 11/08/2006