2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135439

1. Entity Name
JDSLB REAL ESTATE COMPANY, INC.

Principal Place of Business	Mailing Address
2600 ISLAND BLVD., #905 WILLIAMS ISLAND, FL 33160	2600 ISLAND BLVD., #905 WILLIAMS ISLAND, FL 33160

000000485242
03/22/06-80048-016 150.00

01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1769786

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG, LAWRENCE M.D.
2600 ISLAND BLVD., #905
WILLIAMS ISLAND, FL 33160

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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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BLUMBERG, LAWRENCE M.D.
STREET ADDRESS	2600 ISLAND BLVD., #905
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	VSD
NAME	STERN, JAMES D M.D.
STREET ADDRESS	1362 HARBORVIEW WEST
CITY-ST-ZIP	HOLLYWOOD, FL 33160
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: Lawrence Blumberg LAWRENCE BLUMBERG 3/7/06 305 407 9036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #