


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000001469	
1. Entity Name JUGGLE PRO, INC.	

Principal Place of Business 300 S PINE ISLAND RD, #242 FT LAUDERDALE, FL 33324	Mailing Address 300 S PINE ISLAND RD, #242 FT LAUDERDALE, FL 33324
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DO NOT WRITE IN THIS SPACE



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0590425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARLEY, DENNIS
300 S PINE ISLAND RD, #242
FT LAUDERDALE, FL 33324**

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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/23/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000342520 05/29/08 00023 000 150.00
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10. OFFICERS AND DIRECTORS

TITLE DP	TAVEGGIA, JEFFREY W
NAME	15 CHAUNDRAY LANE
STREET ADDRESS	AYEVILL PARK, NY 12218
CITY-ST-ZIP	
TITLE VP	HARRIS-TAVEGGIA, MARSHA
NAME	15 CHARNDRAY LANE
STREET ADDRESS	AVERILL PARK, NY 12018
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: 4/24/08 518-330-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR