## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 13, 2006 8:00 am Secretary of State DOCUMENT # P03000031206 1. Entity Name 03-13-2006 90055 013 \*\*\*163.75 JUROC PROPERTY, INC. Principal Place of Business Mailing Address 2327 HOLLYWOOD BLVD 2327 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2327 Hollywood Blud 2327 Hollywood Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number FLorida 30-0208047 boowyllaH Hollywood Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired <u>U-S,</u>A 330X( トイト Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JUDITH 2327 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) **HOLLYWOOD FL 33020** Zip Code 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. MIGUL ROPRIGUEZ Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE D □ Delete ☐ Change ☐ Addition NAME RODRIGUEZ, JUDITH NAME STREET ADDRESS STREET ADDRESS 2327 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition RODRIGUEZ, ALICIA STREET ADDRESS 2327 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME ULLQA, JULIQ STREET ADDRESS STREET ADDRESS 2327 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIF TITLE Defete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TAPILL SOD KICHEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED