


FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90011 024 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000044034			
1. Entity Name JFRD, INC.			
Principal Place of Business 11911 US HIGHWAY ONE SUITE 209 NORTH PALM BEACH, FL 33408-2860		Mailing Address 11911 US HIGHWAY ONE SUITE 209 NORTH PALM BEACH, FL 33408-2860	
2. Principal Place of Business - No P.O. Box # 212 N US Highway One Suite, Apt. #, etc. #16 City & State TEQUESTA FL Zip 33469 Country FL		3. Mailing Address 212 N US Highway One Suite, Apt. #, etc. 16 City & State TEQUESTA FL Zip 33469 Country FL	
4. FEI Number 13-4254778		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ROBBINS, STEVEN L ESQ 11911 US HIGHWAY ONE SUITE 209 NORTH PALM BEACH, FL 33408-2860 CHANGE OF ADDRESS →	
7. Name and Address of New Registered Agent Name ROBBINS, STEVEN L ESQ Street Address P.O. Box Number (if applicable) 6334 FOSTER STREET City JUPITER FL 33458			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (if 2016 Registered Agent serial is required, attach serialing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP V DELUCA, RUSSELL 11911 US HWY ONE STE 209 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P FANTIN, JAMES 11911 US HWY ONE STE 209 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ADDRESS CHANGE		TITLE NAME STREET ADDRESS CITY - ST - ZIP P JAMES FANTIN 212 N. US HWY ONE #16 TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-28-07 561-373-1927 Date Daytime Phone	