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Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90052 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044034

1. Entity Name:
JFRD, INC.

Principal Place of Business	Mailing Address
212 N. US HWY. 1 16 TEQUESTA, FL 33469	212 N. US HWY. 1 16 TEQUESTA, FL 33469

02012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7108 Fairway Drive	7108 Fairway Drive
Suite, Apt. #, etc: # 100	Suite, Apt. #, etc: # 100
City & State: Palm Beach Gardens FL	City & State: Palm Beach Gardens FL
Zip: 33418 Country: PB	Zip: 33418 Country: PB

4. FEI Number: 13-4254778 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, STEVEN L ESQ
6334 FOSTER STREET
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

8. [illegible]

SIGNATURE: [illegible]

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. [illegible] $5.00 May Be Added to Fees

10 OFFICERS AND DIRECTORS		11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: P ☐ Delete NAME: FANTIN, JAMES STREET ADDRESS: 212 N. US HWY. 1, 16 CITY-ST-ZIP: TEQUESTA, FL 33469		☒ Change ☐ Addition 7108 Fairway Drive # 100 Palm Beach Gardens FL 33418	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete		☐ Change ☐ Addition	
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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: [signature] 2-5-08 561-627-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #