


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90037 015 \*\*\*150.00

<b>DOCUMENT # P03000047212</b>	
1. Entity Name <b>JERUSALEM BUILDERS 2003 INCORPORATED</b>	

Principal Place of Business <b>2533 JOHNSON ST HOLLYWOOD, FL 33020</b>	Mailing Address <b>2533 JOHNSON ST HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



03222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>16-1664650</b>		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 <b>KLAINMAN, HERB E EHUD 2533 JOHNSON ST HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>Klainman EHUD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2533 Johnson ST</b> City <b>Hollywood</b> FL Zip Code <b>33020</b>

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  DATE **3/22/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>KLAINMAN, HERB E KLAINMAN EHUD</b> 2533 JOHNSON ST HOLLYWOOD, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. <b>EHUD Klainman</b> 2533 Johnson ST Hollywood FL 33020
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **3/22/07** DAYTIME PHONE # **954-5997617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR