

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90031 001 \*\*\*\*50.00  
06-07-2007 90004 006 \*\*\*100.00

**DOCUMENT # P03000062160**

1. Entity Name  
**JET LUX INTERNATIONAL COMPANY**



Principal Place of Business  
**1570 MADRUGA #216  
216  
MIAMI, FL 33152**

Mailing Address  
**PO BOX 521545  
MIAMI, FL 33152**

4 07 A 0000 7672



2. Principal Place of Business - No P.O. Box #  
**6355 NW 36 Street**  
Suite, Apt. #, etc.  
**602**

3. Mailing Address  
**P.O. BOX 521545**  
Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State  
**Miami Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-6412632**

Applied For  
Not Applicable

Zip  
**33166**

Country  
**USA**

Zip  
**33152**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**LIPSON, STUART  
16900 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SIMKOVITZ, LEONARD  
8885 S.W. 78TH COURT  
MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SIMKOVITZ, JOCELYN  
8885 S.W. 78TH COURT  
MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #