

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90046 048 ***158.75

DOCUMENT # P03000092410

1. Entity Name
THE JTLEE GROUP, INC.



Principal Place of Business
**900 PARKSIDE CIRCLE
BOCA RATON, FL 33486**

Mailing Address
**900 PARKSIDE CIRCLE
BOCA RATON, FL 33486**



2. Principal Place of Business
50 NE First Ave

3. Mailing Address
4500 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boca

204

City & State

City & State

Boca Raton, FL 33486

Lighthouse Point

Zip

Country

Zip

Country

33432

33486

02102005

Chg-P

CR2E034 (10/03)

4. FEI Number
51-0479378

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARINELLO, GREGORY
900 PARKSIDE CIRCLE
BOCA RATON, FL 33486**

Name
James L. Pruden, Esq.

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

980 North Federal Highway Suite 404

City

Boca Raton

FL

Zip Code

33432

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

James L. Pruden

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

(NOTE: Registered Agent signature required when reinstating)

3/18/2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**VD
PALEOLOG, MICHAEL
900 PARKSIDE CIRCLE
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Paleolog, Michael
900 Parkside Circle
Boca Raton, FL 33486** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARINELLO, GREGORY
900 PARKSIDE CIRCLE
BOCA RATON, FL 33486** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3/18/05