


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000146226	
1. Entity Name JEFFREY OKYN INC.	

Principal Place of Business 1133 SW 4TH ST BOCA RATON, FL 33486	Mailing Address 1133 SW 4TH ST BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1194330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

OKYN, JEFFREY  
 1133 SW 4TH ST  
 BOCA RATON, FL 33486

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="radio"/> OKYN, JEFFREY 1133 SW 4TH ST BOCA RATON, FL 33486
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_