

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000026833

1. Entity Name
J.S.U. INVESTMENTS, INC.



Principal Place of Business
1650 NW 23RD AVE
BAY A
FT LAUDERDALE, FL 33311

Mailing Address
1650 NW 23RD AVE
BAY A
FT LAUDERDALE, FL 33311



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0766882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLICKMAN, JOSHUA I
1650 NW 23RD AVE
BAY A
FT LAUDERDALE, FL 33311

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GLICKMAN, JOSHUA
STREET ADDRESS 1650 NW 23RD AVE BAY A
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE VP
NAME ASHKENAZY, SHAUL
STREET ADDRESS 1650 NW 23RD AVE BAY A
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE S
NAME SAIAG, EZRA
STREET ADDRESS 1650 NW 23RD AVE BAY A
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000413752
02/10/06-80079-021 150.00

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IN THIS SPACE**

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 #