	OFIT CORPORA	TION	FILED Jul 11, 2008 8:00 am
DOCUMENT # P04000 1. Entity Name JERRY ELLISON, INC.	041698		Secretary of State 07-11-2008 90019 014 ***150.00
Principal Place of Business 1120 NW 49TH ST POMPANO BEACH, FL 33064	Mailing Address 1120 NW 49TH ST POMPANO BEACH, FL	33064	
2. Principal Place of Business - No P.O. Box	# 3. Mailing Address		
Suite, Apt. #, etc. Bldg. B. Bay 2	Suite, Apt. #, etc.		07082008 Chg-P CR2E034 (12/06)
Deerfield Beach, Fl			4. FEI Number Applied For 20-0915752 Not Applicable
33441 <b>B</b> USA	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of C	urrent Registered Agent	Name	7. Name and Address of New Registered Agent
ELLISON, GERALD B 1120 NW 49TH ST POMPANO BEACH, FL 33064		Street A	ddress (P.O. Box Number is Not Acceptable)
TOMI AND BEACH, TE 35004			
		City	FL Zip Code
the obligations of registered agent. SIGNATURE Signature, typed or planted name of register	lison	JERRY	Tregistered agent, or both, in the State of Florida. I am familiar with, and accept   1 Ellison 7)8)08   ure reducted when reinstating) DATE
FILE NOWI!! FEE IS \$150. Due by September 12, 20	08 Trust Fund Contr	~ ~ _	\$5.00 May Beschart Added to Fees for accordance with s. 607.193(2)(b), F.S., the Added to Fees
TITLE D OFFICER		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME   ELLISON, JERRY     STREET ADDRESS   4384 NW 9 AVE #316     CITY-ST-ZIP   POMPANO BEACH, FL 33	3064	NAME STREET ADDRESS CITY-ST-ZIP	1120 NW 49 Street Pompano Brach, FL 33064
TITLE VP NAME POLEWACZYK, KRZYSZT STREET ADDRESS 1120 NW 49TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herrange Addition 1429 Plunkett Street Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADORESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated on this report or supplemental re-	eport is true and accurate and that me e empowered to execute this report a	ty signature shall be	ontained in Chapter 119, Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director opter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:	E CUSET	Jenny OR DIRECTOR	Ellison 7/8/05 954.725.5848 Date Daytime Prone #

