
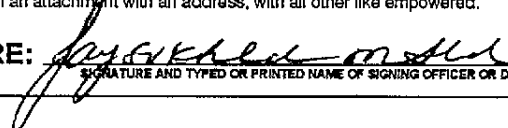


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000049156</b> 1. Entity Name <b>J &amp; U PROPERTY MANAGEMENT CORPORATION</b>		
Principal Place of Business <b>3029 SUMMER VALE DR. HOLIDAY, FL 34691</b>	Mailing Address <b>3029 SUMMER VALE DR. HOLIDAY, FL 34691</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<b>6. Name and Address of Current Registered Agent</b>  <b>SHAH, JAYSUHA 3029 SUMMER VALE DR HOLIDAY, FL 34691</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div> <b>9. Election Campaign Financing</b>            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	PTD	
NAME	SHAH, JAYSUHA	
STREET ADDRESS	3029 SUMMER VALE DR	
CITY - ST - ZIP	HOLIDAY, FL 34691	
TITLE	VSD	
NAME	SHAH, USHAKIRAN	
STREET ADDRESS	3029 SUMMER VALE DR	
CITY - ST - ZIP	HOLIDAY, FL 34691	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
<b>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.</b>		
<b>SIGNATURE:</b> 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0835423</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

01/10/06-80027-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

1-06-06

Date Daytime Phone #