## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000067736

Title:

Name: Address:

City-St-Zip:

VΡ

( ) Delete

SEWELL, TANÉSHA

7457 N.W. 34TH STREET

LAUDERHILL, FL 33319

FILED Jun 03, 2<u>00</u>5 Secretary of State

Entity Name: JERKERS, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 3951 4131 N.W. 79TH AVENUE HALLANDALE, FL 33008 SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 4131 N.W. 79TH AVENUE P.O. BOX 3951 HALLANDALE, FL 33008 SUNRISE, FL 33351 FEI Number: 20-1044121 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTAQUE, DHAIMA 7457 N.W. 34TH STREET US LAUDERHILL, FL 33319 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition SEWELL, TASHELLE MONTIQUE, JEAN Name: Name: 3901 S.W. 47TH AVENUE 3901 S.W. 47TH AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: HOLLYWOOD, FL 33023 VΡ Title: VΡ (X) Change ( ) Addition Title: () Delete SEWELL, TASHELLE Name: MONTIQUE, JEAN Name: 3901 S.W. 47TH AVENUE 3901 S.W. 47TH AVENUE Address: Address: HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition () Delete Title: VΡ SEWELL, ORION SEWELL, ORION Name: Name: 4131 N.W. 79TH AVENUE 16401 SAPPHIRE BEND Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: JEAN MONTIQUE 06/03/2005

() Change () Addition