


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90070 011 ***150.00

DOCUMENT # P04000078382		
1. Entity Name JET-SUPPLY, INC.		

Principal Place of Business 350 N 70 AVE HOLLYWOOD, FL 33024	Mailing Address 350 N 70 AVE HOLLYWOOD, FL 33024
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40099339



2. Principal Place of Business - No P.O. Box # 8112 SW 163 ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

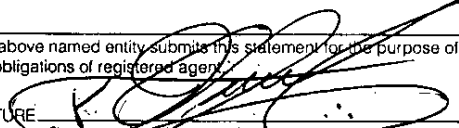
City & State Poincianna at Sunset Lake Miami FL	City & State
Zip 33193	Country

4. FEI Number 20-1416049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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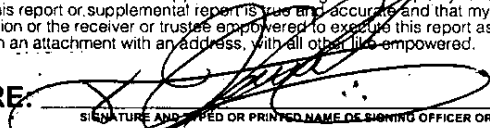
6. Name and Address of Current Registered Agent	
TORRES, JULIO E 350 N 70 AVE HOLLYWOOD, FL 33024	

7. Name and Address of New Registered Agent	
Name Torres, JULIO E	
Street Address (P.O. Box Number is Not Acceptable) 8112 SW 163 ST	
City Poincianna at Sunset Lake FL	Zip Code 33193

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 4/30/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, JULIO E 350 N 70 AVE HOLLYWOOD I, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO. Torres Julio E. 8112 SW 163 ST Poincianna at sunset Lake FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	DATE 4/30/07