

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000083737 1. Entity Name JASMINE AVENUE TOWNHOMES, INC.	
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Principal Place of Business 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES FL 33134	Mailing Address 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-1227201
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent MARTINI, GREGORY T 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete		TITLE	U00000424682	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARTINI, GREGORY T			NAME	02/18/06-80060-023 150.00		
STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1101			STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL 33134			CITY - ST - ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PETTINELLA, JOSEPH A			NAME			
STREET ADDRESS	1136 ROUTE 9, SUITE U-1			STREET ADDRESS			
CITY - ST - ZIP	WAPPINGERS FALLS NY 12590			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gregory T Martini* President Date: 2/3/06 Daytime Phone #: 305-448-390