

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094963

Entity Name: JEROFF, INC.

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 490265
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

P.O. BOX 490265
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

1430 BRICKELL BAY DRIVE
307
MIAMI, FL 33131 US

New Mailing Address:

1430 BRICKELL BAY DRIVE
307
MIAMI, FL 33131 US

FEI Number: 20-1277317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, MANUEL F III
450 GRAPETREE DRIVE
310
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

ARIAS, MANUEL F III
1430 BRICKELL BAY DRIVE
307
MIAMI, FL 33131 US

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: MANUEL F. ARIAS III

02/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARIAS, MANUEL F III
Address: P.O. BOX 490265
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: BONNET, FABIOLA
Address: 520 BRICKELL KEY DRIVE, APT. A904
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARIAS, MANUEL F III
Address: 1430 BRICKELL BAY DRIVE, APT. # 307
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change () Addition
Name: BONNET, FABIOLA
Address: 1430 BRICKELL BAY DRIVE, APT. # 307
City-St-Zip: MIAMI, FL 33131

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.

SIGNATURE: MANUEL F. ARIAS III

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date