

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000095980

1. Entity Name
JAMB PROPERTIES, INC.



Principal Place of Business
1214 SE 10TH TERRACE
DEERFIELD BEACH, FL 33441

Mailing Address
1214 SE 10TH TERRACE
DEERFIELD BEACH, FL 33441



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1334201

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASE, JOHN W
2900 EAST OAKLAND PARK BLVD.
THIRD FLOOR
FT. LAUDERDALE, FL 33306

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-filing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SETTEMBRINO, JOSEPH
STREET ADDRESS 1214 SE 10TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D
NAME CLIFFORD, WILLIAM J
STREET ADDRESS 3304 HARWOOD LANE
CITY-ST-ZIP SINKING SPRING, PA 19608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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000000518398
05/02/06-80011-001 150.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Settembrino 4/9/06 (954) 48-8736