## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000105007 1. Entity Name

JRE THREE DOG BAKERY OF BOCA, INC.

Principal Place of Business

5250 TOWN CENTER CIRCLE

SUITE # 121 BOCA RATON, FL 33486 Mailing Address

**5250 TOWN CENTER CIRCLE** 

**SUITE # 121** 

BOCA RATON, FL 33486



FILED

Mar 13, 2006 08:00 AM **Secretary of State** 

DO NOT WRITE IN THIS SPACE	DO	NOT	WR	TE	IN	THIS	SPAC	CE
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CR2E034 (11/05) 03082008 No Chg-P

4. FEI Number 20-1429155

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDS, ROBYN 1134 NW 97TH DRIVE CORAL SPRINGS, FL 33071

## DO NOT WRITE

	·		7		IHIS SPACE	
8. The above the obligat	named entity submits this statement for the $ ho$ flore of registered agent.	ourpose of changing its registered	office or	egistered agent, or bo	oth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Kapplicable. (NOTE: Registered Ap	yemi signatur	a required when reinstaling)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	, G	\$5.00 May Be Added to Fees	03721706-80056-02	2 150.00
to.	OFFICERS AND DIREC	TORS			1	
title Name Street address City-St-Zip	P SANDS, ROBYN 1134 NW 97TH DRIVE CORAL SPRINGS, FL 33071				1 <b>01</b> 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST EDELSON, JEFF 1134 NW 97TH DRIVE CORAL SPRINGS, FL 33071					
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE HAME STREET ADDRESS CHY-ST-ZIP			**************************************	and the same of the same of the same of	THIS SPACE	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 efficient 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 changed, or on an attackyrient with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Robyn Sands