

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000118713			
1. Entity Name TRIPPLE J PROFESSIONAL DEDICATED SERVICES, INC.			
Principal Place of Business P.O. BOX 24-5517 PEMBROKE PINES FL 33024		Mailing Address P.O. BOX 24-5517 PEMBROKE PINES FL 33024	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JOHNSON, B.J. SR 3272 S UNIVERSITY DR MIRAMAR FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		B. Election Campaign Financing \$5.00 May B. Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JOHNSON, B.J. SR 3272 S UNIVERSITY DR MIRAMAR FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 1000000503076 04/26/06-80017-016 158.75
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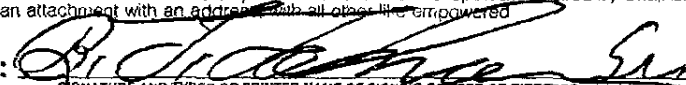


1st MOORE CR2E034 (10/05)

4. FEI Number **20-0832594** Applied For Not Applicable

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

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: 

04-07-06