
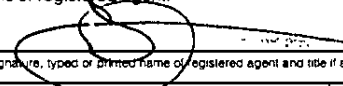
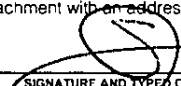


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

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| DOCUMENT # P04000121942 1. Entity Name STEVEN JACKSON INC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 10881 S.W. 156TH STREET MIAMI, FL 33157 US | | | Mailing Address 10881 S.W. 156TH STREET 5 MIAMI, FL 33157 US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-1526431 Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04302007 Chg-P CR2E034 (12/06) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent JACKSON, STEVEN 10881 S.W. 156TH STREET MIAMI, FL 33157 | | | 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) DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>JACKSON, STEVEN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10881 S.W. 156TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33157</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete | | JACKSON, STEVEN | <input type="checkbox"/> | STREET ADDRESS | 10881 S.W. 156TH STREET | | CITY - ST - ZIP | MIAMI, FL 33157 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000755392</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>05/22/07-80099-010 150.00</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change | Addition | | | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS | U000000755392 | | | CITY - ST - ZIP | 05/22/07-80099-010 150.00 | | |
| TITLE | NAME | Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | JACKSON, STEVEN | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY - ST - ZIP | MIAMI, FL 33157 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change | Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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:  Date: 4-30-07 Daytime Phone #: (786)39-05771 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |