## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000124526

Entity Name: JAY ALLEN INVESTMENT GROUP, INC.

FILED Jun 30, 2<u>00</u>5 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4801 S UNIVERSITY DR - # 256 136 BUTLER ROAD DAVIE, FL 33328 BRANDON, FL 33511

**Current Mailing Address: New Mailing Address:** 

4801 S UNIVERSITY DR - # 256 136 BUTLER ROAD DAVIE, FL 33328 BRANDON, FL 33511

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LEVY, ROBIN FUCCA, JACQUE 11026 PEPPERSONG DRIVE 4801 S UNIVERSITY DR - # 256 DAVIE, FL 33328 RIVERVIEW, FL 33569 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: JACQUE FUCCA 06/30/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete PLOUFF, JASON PLOUFF, JASON Name: Name: 1000 SPOONBILL CIR 136 BUTLER ROAD Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: BRANDON, FL 33511

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

PLOUFF, AMIELLE Name: PLOUFF, AMIELLE Name: 1000 SPOONBILL CIR Address: 136 BUTLER ROAD Address: WESTON, FL 33326 BRANDON, FL 33511 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: AMIELLE PLOUFF 06/30/2005