## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P05000039386 04-26-2006 90213 043 \*\*\*150.00 1. Entity Name MY JAY ENTERPRISES INC. Mailing Address Principal Place of Business quuuz=~ 44-1181-SW 123-AVE 44-1181 SW 123 AVE-PEMBROKE PINES, FL 33025 -PEMBROKE PINES, FL 33025 04072006 CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCKER, JANET Street Address (P.O. Box Number is Not Acceptable) 44-1181 SW 123 AVE PEMBROKE PINES, FL 33025 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. р ☐ Addition TITLE ☐ Delete TITLE NAME TUCKER, JANET NAME STREET ADDRESS STREET ADDRESS 44-1181 SW 123 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-ZIP VΡ ☐ Delete Addition TITLE TITLE **⊈**BONDO, SAMO**⊵** NAME NAME STREET ADDRESS 44-1181 SW 123 AVE STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CrtY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone \*