2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P05000062235

Entity Name: WESTON JAZZ CENTER INC

Current Principal Place of Business:

16634 SADDLE CLUB ROAD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1643 EAGLE BEND
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-2756029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, BETH
1643 EAGLE BEND
WESTON, FL 33327 US

Name and Address of New Registered Agent:

COHEN, BETH M DR
1643 EAGLE BEND
WESTON, FL 33327 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: DR. BETH M COHEN 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COHEN, BETH
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: ROMERO, SALVATRICE A
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: SHAW, COLLETTE
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: HAVERY, ANNE
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: COHEN, BETH M
Address: 1643 EAGLE BEND
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: BETH M COHEN DR 04/23/2007
Electronic Signature of Signing Officer or Director Date