2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 07, 2006 8:00 am Secretary of State

8/31/00

DOCUMENT # P0500074145 1. Entity Name JENNIFER YORK ROSENBLUM, P.A.					09-07-2006 90014 017 ***150.00			
Principal Place of Business Mailing Address								
1 806 N 40TH A VE								
					I BRIBI BIIII BRIII BBII	: 		
2. Principal Place of Business 103 SYCAMORE DRIVE 103 SYCAMORE DRIVE			DRIVE					
Suite, Apt. #, etc. Suite, Apt. #, etc.			- DIVIC	09012006	Chg-P	CR2E034 (11/05)		
City & State				4. FEI Numb		<u> </u>	plied For	
ROYAL PALM BEACH, FL LOYAL PALM BEACH			Country		885013	\$9.75	t Applicable	
33411-4738 33411-4738			5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
ROSENBLUM, JENNIFER Y				ddress (P.O. Box Numb	s (P.O. Box Number is Not Acceptable)			
1 800 N 40TH AVE HOLLYWOOD, FL 33021				Street Address (P.O. Box Number is Not Acceptable) 103 SYCAMORE DRIVE				
			City	wa. Pa A.	en///	FL Zin Cod	/ v=20	
8. The above named entity submits this statement tends to 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 Signature, typetral printed name of regulared again and bitted logitizable. (NOTE: Registered Agant signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	D ROSENBLUM, JENNIFER Y	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	1 806-N-40TH-AV E			RESS 103 SYCAMORE DRIVE				
CITY-ST-ZIP	HOLLYWOOD, FL-33024			ROYAL PALM	BEACH, FL	<i>3</i> 5411 - 4738		
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE		•	☐ Change	Addition	
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	****	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>				
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 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 a chapter 607.								