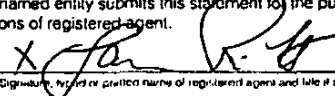


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-05-2006 90168 001 ***150.00

DOCUMENT # P05000127105			
1. Entity Name JANA RITTER PA			
Principal Place of Business 7601 EAST TREASURE DRIVE 2404 NORTH BAY VILLAGE FL 33141 US		Mailing Address 7601 EAST TREASURE DRIVE 2404 NORTH BAY VILLAGE FL 33141 US	
2. Principal Place of Business 934 Michigan Ave.		3. Mailing Address 934 Michigan Ave.	
Suite, Apt. #, etc. Suite 309		Suite, Apt. #, etc. Suite 309	
City & State Miami Beach FL		City & State Miami Beach, FL	
Zip 33139	Country Dade	Zip 33139	Country Dade
4. FEI Number 20-3547317		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTER, JANA R 7601 EAST TREASURE DRIVE 2404 NORTH BAY VILLAGE FL 33141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 934 Michigan Ave., Suite 309 City Miami Beach FL Zip Code 33139	
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  DATE 4-6-2006 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITTER, JANA R 7601 EAST TREASURE DRIVE APT 2404 NORTH BAY VILLAGE FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 934 Michigan Ave., Suite 309 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Jana Ritter		DATE: 4-6-2006 (305) 999-0258	