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	Mailing Address
7601 EAST TREASURE DRIVE 2404 NORTH BAY VILLAGE FL 33141 US	7601 EAST TREASURE DRIVE 2404 NORTH BAY VILLAGE FL 33141 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
934 Michigan Ave.	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 X [signature] X 4-6-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	RITTER, JANA R	NAME	
STREET ADDRESS	7601 EAST TREASURE DRIVE APT 2404	STREET ADDRESS	934 Michigan Ave., Suite 309
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: X [signature] Jana Ritter X 4-6-2006 (305) 799-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #