2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90036 047 ***150.00

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02022007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000002556

1. Entity Name
JRSLP INC

Principal Place of Business	Mailing Address
6324 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 US	6324 BARTON CREEK CIRCLE LAKE WORTH, FL 33463 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
817 N. K St.	817 N. K St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth Fl	City & State: Lake Worth Fl
Zip: 33460 Country: USA	Zip: 33460 Country: USA

4. FEI Number: 209045118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING INC
400 S FEDERAL HWY
404
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name: Jamie Flood
Street Address (P.O. Box Number is Not Acceptable): 817 N. K St
L
City: Lake Worth FL Zip Code: 33460

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: Jamie Flood 2/8/07
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, 2007 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P ROCABADO, JAMIE 1000 SCOTIA DR APT 202 HYPOLUXO, FL 33462	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Flood, Jamie 817 N. K St Lake Worth Fl, 33460	☑ Change ☐ Addition
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 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.

SIGNATURE: Jamie Flood 1/31/07 (561)523-5572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #