## 2008 FOR PROFIT CORPORATION

## Apr 25, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P06000016974 1. Entity Name JR PÉLCZYNSKI ASSOCIATES, INC Principal Place of Business Mailing Address 300 71ST STREET 300 71ST STREET SUITE 525 **SUITE 525** MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4255895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DRUCKER, ANDREW H DO NOT WRITE 1570 MADRUGA AVENUE **SUITE 216** IN THIS SPACE CORAL GABLES, FL 33146 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PELCZYNSKI, JANET NAME STREET ADDRESS 300 71ST STREET, SUITE 525 CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

ANY R PELCHASKI THAN R PELCHUSK SONATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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