

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000063428

1. Entity Name
JLS GROWERS, INC.



**FILED
Mar 29, 2007 8:00 am
Secretary of State**

03-29-2007 90028 036 ***150.00

40044715



03212007 Chg-P CR2E034 (12/06)

Principal Place of Business
7800 W OAKLAND PK BLVD BLD G-121
SUNRISE, FL 33351

Mailing Address
7800 W OAKLAND PK BLVD BLD G-121
SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #
4201 NW 43rd Street

Suite, Apt. #, etc.

3. Mailing Address
4201 NW 43rd Street

Suite, Apt. #, etc.

City & State
Coconut Creek, FL

Zip
33073

City & State
Coconut Creek, FL

Zip
33073

Country
USA

4. FEI Number
20-4845233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS
7800 W OAKLAND PK BLVD BLD G-121
SUNRISE, FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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

DPS
LAPIERRE, ALEXANDRE
7800 W OAKLAND PK BLVD BLD G-121
SUNRISE, FL 33351

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9199 NW 43rd Court
Coral Springs, FL 33065

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

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TITLE
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CITY-ST-ZIP

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Change

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-00-07

Date

Daytime Phone #