

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90002 010 ***150.00

DOCUMENT # P06000085649					
1. Entity Name JAMIE WEINGARTEN, INC.					
Principal Place of Business 1315 INGLESIDE AVENUE JACKSONVILLE, FL 32205 <i>1048 Riviera St.</i>			Mailing Address 1315 INGLESIDE AVENUE JACKSONVILLE, FL 32205		
2. Principal Place of Business - No P.O. Box # <i>1048 Riviera St.</i>		3. Mailing Address <i>1048 Riviera St.</i>			
Suite, Apt. #, etc. <i>Jacksonville, FL</i>		Suite, Apt. #, etc. 			
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville, FL</i>			
Zip <i>32207</i>	Country <i>Duval</i>	Zip <i>32207</i>	Country	07062007 Chg-P CR2E034 (12/06)	
4. FEI Number <i>20-5112810</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINGARTEN, JAMIE 1315 INGLESIDE AVENUE JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name <i>Jamie Weingarten</i> Street Address (P.O. Box Number is Not Acceptable) <i>1048 Riviera St.</i> City <i>Jacksonville</i> FL Zip Code <i>32207</i>		
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 <i>Jamie Weingarten</i> DATE <i>8-27-07</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WEINGARTEN, JAMIE 1315 INGLESIDE AVENUE JACKSONVILLE, FL 32205 <i>1048 Riviera St. Jacksonville, FL 32207</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Jamie Weingarten

8-27-07