


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2007-90001-040-\$150.00-\$150.00

<b>DOCUMENT # P06000107808</b> 1. Entity Name <b>JODATO ASSOCIATES, CORP.</b>						<b>FILED</b> <b>07 OCT -5 AM 8:54</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>50001761</b>	
Principal Place of Business <b>10745 NW 81ST LN DORAL, FL 33178</b>				Mailing Address <b>10745 NW 81ST LN DORAL, FL 33178</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>TOVAR, JONATHAN D 3300 N.E. 191 ST 1608 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>Paul Ricardo CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1810 W. 49TH ST, #220-1</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>			
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 _____ DATE <b>9-10-07</b> <small>Signature, typed or printed name of designated agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation <del>does not</del> receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>TOVAR, JONATHAN D</b> STREET ADDRESS <b>10745 NW 81 ST LN.</b> CITY-ST-ZIP <b>DORAL, FL 33178</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <b>X</b> <b>Jonathan Tovar</b> <b>9/10/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							