

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90249 040 ***150.00

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1. Entity Name
JOHN'S PASS TATTOOS, INC.



Principal Place of Business Mailing Address
C/O KRAFT PA-934 NORTH UNIVERSITY DR #250 C/O KRAFT PA-934 NORTH UNIVERSITY DR #250
CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
121 129TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.



01042007 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For
MADGIRA Beach, FL 22-3944783 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33708 USA Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name NEIL HAMUY
Street Address (P.O. Box Number is Not Acceptable)
9629 PARKVIEW AVE
City BOCA RATON FL Zip Code 33428

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 *Neil Hamuy*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

1/4/07

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

TITLE PTD ☐ Delete
NAME HAMUY, NEIL
STREET ADDRESS C/O KRAFT PA-934 NORTH UNIVERSITY DR #250
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VPD ☐ Delete
NAME JONES, SYRENA
STREET ADDRESS C/O KRAFT PA-934 NORTH UNIVERSITY DR #250
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE SD ☐ Delete
NAME HAIM, DORON BEN
STREET ADDRESS C/O KRAFT PA-934 NORTH UNIVERSITY DR #250
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE D ☒ Delete
NAME KRAFT, STEVEN
STREET ADDRESS C/O KRAFT PA-934 NORTH UNIVERSITY DR #250
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Neil Hamuy *Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07 904-7550558