

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P92000008539

1. Entity Name  
THE JEFFREY FUTERNICK COMPANY



Principal Place of Business

10800 NW 97 ST.  
SUITE 102  
MIAMI, FL 33178

Mailing Address

10800 NW 97 ST.  
SUITE 102  
MIAMI, FL 33178

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**



04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0374844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FUTERNICK, JEFFREY  
12300 N.W. 32 AVE.  
MIAMI, FL 33167

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FUTERNICK, JEFFREY 10800 NW 97 ST. #102 MIAMI, FL 33178
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U00000731554  
05/09/07-80010-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/20/07  
Date

305-685-0400  
Daytime Phone #