


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90009 032 \*\*\*150.00

<b>DOCUMENT # P93000048405</b>	
1. Entity Name <b>THE J.H. KATZ INVESTMENT CORPORATION</b>	

Principal Place of Business <b>3100 SOUTH OCEAN BLVD. P705-S PALM BEACH, FL 33480 US</b>	Mailing Address <b>3100 SOUTH OCEAN BLVD P705-S PALM BEACH, FL 33480 US</b>
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2. Principal Place of Business <b>16223 Andalusia Lane</b>	3. Mailing Address <b>16223 Andalusia Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Delray Beach, FL</b>	City & State <b>Delray Beach, FL</b>
Zip <b>33446</b>	Zip <b>33446</b>
Country	Country

4000



01232006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0425607</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SEXTON, DAVID N BOND, SCHOENECK &amp; KING 1167 THIRD STREET SOUTH NAPLES, FL 33940</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KATZ, JEFFREY H 3100 SOUTH OCEAN BLVD., P705-S PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KATZ, Jeffrey H. 16223 Andalusia Lane Delray Bch, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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"/> Delete	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.

SIGNATURE:  **2/24/06**  
SIGNATURE INDENTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #