## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 08, 2008 8:00 am Secretary of State DOCUMENT # P93000074862 1. Entity Name 09-08-2008 90003 046 \*\*\*150.00 JES/COMM, INC. Principal Place of Business Mailing Address 1085 PAPAYA STREET 1085 PAPAYA STREET HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 US de illes di di di di di 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 21 Lemonwood Court Suite, Apt. #, etc. Suite, Apt. #, etc. 08042008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number 4200d 65-0444896 Not Applicable Buntry BROWARD \$8.75 Additional 5. Certificate of Status Desired 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWARD ROTHCHILD, HOWARD O. Box Number is Not Acceptable Lemon Wood Street Add: 1085 PAPAYA STREET HOLLYWOOD, FL 33019 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete Change TITLE Addition ROTHCHILD, HOWARD NAME NAME STREET ADDRESS 1085 PAPAYA STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP VSTD TITLE Delete TITE ☐ Change Addition NAME ROTHCHILD, SHEILA NAME STREET ADDRESS 1085 PAPAYA STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP Change TITLE D TITLE ☐ Delete ☐ Addition NAME ROTHCHILD, JESSICA NAME hehild, Jessica Lemonwood Court Lemonwood Court FL 33019 STREET ADDRESS 1085 PAPAYA ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an addre oward Rothchild Augs, 2008

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