

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000005715	
1. Entity Name J.R. CONSULTING, INC.	



Principal Place of Business 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014 US	Mailing Address C/O HARRY BENDER 5915 PONCE DE LEON BLVD., STE 60 CORAL GABLES, FL 33146 US
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560757	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENDER, HARRY K ESQ. 5915 PONCE DE LEON BLVD. STE. 60 CORAL GABLES, FL 33146	
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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.	DATE _____ (NOTE: Registered Agent signature required when resetting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASAGRANDE, JACK R 5915 PONCE DE LEON BLVD. STE. 60 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASAGRANDE, JACK R 5915 PONCE DE LEON BLVD. STE. 60 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASAGRANDE, ANNA C 5915 PONCE DE LEON BLVD., STE 60 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.	
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SIGNATURE: <u>[Signature]</u> <u>PROS</u> <u>1/7/05</u> <u>772-5408</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR