


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000084607**  
1. Entity Name  
J & S OF WEST BOCA, INC.



Principal Place of Business      Mailing Address  
9101 LAKERIDGE BLVD, #11-15      1600 NW 100TH WAY  
BOCA RATON, FL 33496 US      PLANTATION, FL 33322

**DO NOT WRITE IN THIS SPACE**



04242006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-0628950      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

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

ALFANO, JOSEPH C  
1600 NW 100TH WAY  
PLANTATION, FL 33322

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

U00000545209  
05/11/06-80067-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFANO, JOSEPH C 1600 NW 100TH WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BISCOTTO, SERGIO 1600 NW 100TH WAY PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFANO, GRAZIELLA 1600 NW 100TH WAY PLANTATION, FL 33322
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **GRACE ALFANO**      4/12/06      954-475-8053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #