## **.2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P95000097883 1. Entity Name 04-13-2006 90301 004 \*\*\*150.00 RON JASON, INC. Principal Place of Business Mailing Address P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592 6981 N.W. 5TH STREET PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0644683 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENEDETTO, RONALD J Street Address (P.O. Box Number is Not Acceptable) 2648 WILSON ST HOLLYWOOD FL 33020 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete BENEDETTO, RONALD J NAME 3315 MEADOWBROOK WAY DAVIE, FL 33328 STREET ADDRESS STREET ADDRESS 0981 N.W. 5TH STREET-CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Detete TITLE Change ■ Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1m F ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

41/6/06

Daytimo Phone #

Ronald Bandetts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED