## 2007 FOR PROFIT CORPORATION

## Apr 09, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P95000097883** 1. Entity Name RON JASON, INC. Principal Place of Business Mailing Address 6981 N.W. 5TH STREET P.O. BOX 22-3592 PLANTATION, FL 33317 HOLLYWOOD, FL 33022-3592 02112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0644683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BENEDETTO, RONALD J 2648 WILSON ST HOLLYWOOD, FL 33020 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. in same TITLE NAME BENEDETTO, RONALD J STREET ADDRESS 3315 MEADOWBROOK WAY CITY-ST-ZIP **DAVIE, FL 33328** TITLE : U00000696978 NAME 04/17/07-80096-021 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 affect 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.

NAME

STREET ADDRESS CITY-ST-ZIP

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**FILED**