

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000026252

1. Entity Name

JCD GOLF OF FLORIDA, INC.



Principal Place of Business

1300 PARK OF COMMERCE
SUITE 272

DELRAY BEACH, FL 33445 US

Mailing Address

1300 PARK OF COMMERCE
SUITE 272

DELRAY BEACH, FL 33445 US

DO NOT WRITE IN THIS SPACE



02282008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0662952

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBIN, BRAHM
1300 PARK OF COMMERCE, STE. 272
DELRAY BEACH, FL 33445

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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

Signature, typed or printed name of registered agent and file if applicable

(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

10. OFFICERS AND DIRECTORS

TITLE
NAME
DUBIN, BRAHM
STREET ADDRESS
1300 PARK OF COMMERCE, SUITE 272
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
DUBIN, JEANNE
STREET ADDRESS
1300 PARK OF COMMERCE, SUITE 272
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000498559
04/22/06-80100-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brahm Dubin President

561-265-6255