


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90118 006 ***150.00

DOCUMENT # P96000053918	
1. Entity Name JUST TEE'S INC.	

Principal Place of Business 6560 NW 13TH COURT PLANTATION, FL 33313	Mailing Address 6554 NW 13TH COURT PLANTATION, FL 33313
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2. Principal Place of Business 9938 NW 56 PLACE	3. Mailing Address 9938 NW 56 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL	4. FEI Number 65-0679183	Applied For <input type="checkbox"/> Not Applicable
Zip 33076	Country USA	Zip 33076	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDMAN, MARC 1360 NW 65TH AVENUE PLANTATION, FL 33313	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9938 NW 56 PLACE City CORAL SPRINGS, FL Zip Code 33076	

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ISAACS, JACOB 9938 NW 56TH PL CORAL SPRINGS, FL 330762836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAACS, JACOB 9938 NW 56TH PL CORAL SPRINGS, FL 330762836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **4/11/05** **Date** **Daytime Phone #**