## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 19, 2007 08:00 AM DOCUMENT # P96000101234 **Secretary of State** 1. Entity Namo J.G.H. HOLDINGS II, INC. Principal Place of Business Mailing Address 10700 SW 48 STREET 10700 SW 48 STREET COOPER CITY FL 33328 COOPER CITY FL 33328 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0860207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALBERTINE, MICHAEL O 2200 W COMMERCIAL BLVD STE 301 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if 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, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TiTLE IIII4 Delete Change DELGADO, HERMINIO NAMI U00000671085 03/28/07-80015-010 150.00 10700 SW 48 STREET STREET ADDRESS STRL+ LADDRESS COOPER CITY FL 33328 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete иш ☐ Change ☐ Addition NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILL Delele 1110 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ... Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete DIU. ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+SI-ZIP TITLE Delete THEE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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.

C(TY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. Fourther certify that the information

CITY-SI-ZIP