


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # P97000017191**

1. Entity Name  
 TICKET JUSTICE CENTER, INC.



|  |  |
|--|--|
| Principal Place of Business<br>2160 W ATLANTIC AVENUE<br>SECOND FLOOR<br>DELRAY BEACH, FL 33445 US | Mailing Address<br>2160 W ATLANTIC AVENUE<br>SECOND FLOOR<br>DELRAY BEACH, FL 33445 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0746165                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEIFERT, DOUGLAS  
 2160 W ATLANTIC AVENUE  
 SECOND FLOOR  
 DELRAY BEACH, FL 33445

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPTS<br>LEIFERT, DOUGLAS I<br>2160 W ATLANTIC AVENUE<br>DELRAY BEACH, FL 33445 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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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 reports 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:** \_\_\_\_\_ **DATE:** 4/20/07 **DAYTIME PHONE #:** 045888000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR