

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90422 036 ***150.00

DOCUMENT # P97000043353 1. Entity Name JUPITER LANES, INC.					
Principal Place of Business PO BOX 24903 FORT LAUDERDALE, FL 33307 US			Mailing Address C/O 2010 NE 7TH AVE SUITE 2 DANIA, FL 33004		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 24903 Suite, Apt. #, etc.			
City & State Zip Country		City & State Ft. Lauderdale, FL Zip Country 33307 USA		4. FEI Number 65-0754153 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VITOLO, CHRISTINE 1239 NE 8TH AVE FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1210 N.E. 8th Avenue City State Zip Code Fort Lauderdale FL 33304	
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 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VITOLO, CHRISTINE 1239 NE 8TH AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1210 N.E. 8th Avenue Fort Lauderdale, FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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:			4-19-06 954-7135488 <small>Date Daytime Phone #</small>		