2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: X

Feb 24, 2006 08:00 AM DOCUMENT # P97000069869 **Secretary of State** 1. Entity Name J. P. OF BROWARD, INC. Principal Place of Business Mailing Address 3712 EAST SHORE ROAD 3712 EAST SHORE ROAD MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 65-0772112 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALACIOS, JESUS 3712 EAST SHORE ROAD MIRAMAR FL 33023 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 6. 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 9. Election Campaign Financing \$5.00 May Do After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE ☐ Change Alteria 000000445829 NAME PALACIOS, JESUS NAME 03/07/06-80066-003 150.00 STREET ADDRESS STREET ADDRESS 3712 EAST SHORE ROAD City-ST-ZiP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete Chapce ☐ #### T277 F TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete BBIF ☐ Change ■ Adding NAME NAME STREET ADDRESS STREET ADDRESS C1114-51-21P CITY-ST-ZIP □ Detete Michigan --TITLE THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IN CITY-SI-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.

JESUS E Palações 2/20/06

FILED