


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90159 009 \*\*\*150.00

**DOCUMENT # P98000000584**

1. Entity Name  
**JUNGLE JORGE, INC.**



Principal Place of Business      Mailing Address  
**4830 W. KENNEDY BLVD., STE 350**      **4830 W. KENNEDY BLVD., STE 350**  
**TAMPA, FL 33609**      **TAMPA, FL 33609**

**50009418**



2. Principal Place of Business      3. Mailing Address  
**4830 W. KENNEDY BLVD**      **4830 W. KENNEDY BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 730**      **SUITE 730**  
 City & State      City & State  
**TAMPA, FL**      **TAMPA, FL**

01102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**NOT APPLICABLE**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MELENDI, JOSEPH E**  
**1510 W CLEVELAND ST**  
**TAMPA, FL 33606**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$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	PST <b>WEIS, STEPHEN N</b> <b>4830 W. KENNEDY BLVD. #350</b> <b>TAMPA, FL 33609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4830 W. KENNEDY BLVD # 730</b> <b>TAMPA, FL 33609</b>
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
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
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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 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: *Stephen N Weis*      **STEPHEN N WEIS**      **3-30-06**      **813-286-4067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #