

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057731

1. Entity Name
JERART CONSULTANTS, INC.



Principal Place of Business
1920 E. HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009

Mailing Address
1920 HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0847062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, JEROME H
1920 E. HALLANDALE BEACH BLVD.
SUITE 906
HALLANDALE, FL 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000513924

04/28/06-80748-015 150.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, JEROME H 1920 E. HALLANDALE BEACH BLV #906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPSON, ARTHUR E 1920 E. HALLANDALE BEACH BLVD #906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, CONNIE 1920 E. HALLANDALE BEACH BLVD #906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR E. LIPSON
PRES. 4/14/06 954-454-1114

Date

Daytime Phone #