

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
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



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0847062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

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

000000632538
04/16/07-800006-013 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 4/4/07 (954) 454-1114

Date

Daytime Phone #