2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attack

SIGNATURE:

iq address, w

mpowered.

INR. LURDER

FILED Aug 20, 2007 08:00 AM DOCUMENT # P98000096124 Secretary of State 1. Entity Name JRT-A1A CORP. Principal Place of Business Mailing Address 4101 N. OCEAN BOULEVARD FORT LAUDERDALE FL 33308 4101 N. OCEAN BOULEVARD FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State 4. FEI Number Applied For 65-0876301 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KURDEK, JOHN Street Address (P.O. Box Number is Not Acceptable) 4101 N. OCEAN BLVD FT. LAUDERDALE FL 33308 Сіту Zin 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE Delete Change Addition TITLE NAME KURDEK, JOHN NAME U00000772452 STREET ADDRESS 4101 N. OCEAN BOULEVARD STREET ADDRESS 08/20/07-80004-014 550.00 CITY - ST - ZiP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME KURDEK, TERESA NAME STREET ADDRESS 4101 N. OCEAN BOULEVARD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Add₁tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 exercise 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