



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000019449		
1. Entity Name JONAND, INC.		
Principal Place of Business C/O BRAHM D LEVINE, CPA 515 NORTH FLAGLER DRIVE #300-P WEST PALM BEACH, FL 33401		Mailing Address C/O BRAHM D LEVINE, CPA 515 NORTH FLAGLER DRIVE #300-P WEST PALM BEACH, FL 33401
DO NOT WRITE IN THIS SPACE		
		 01202006 No Chg-P CR2E034 (1/05)
		4. FEI Number 65-1009391 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEVINE, BRAHM D 515 N FLAGLER DRIVE #300 P WEST PALM BEACH, FL 33401		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELTES, SAMUEL Z 7800 BOUL DECARIE MONTREAL, QUEBEC, CA h4p2h4	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BUDNING, JEFFREY G 7800 BOUL DECARIE MONTREAL, QUEBEC, CA h4p2h4	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  JEFFREY BUDNING Jan 30 / 06 514-735-1199 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		