


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90422 030 ***150.00

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
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2. Principal Place of Business - No. P.O. Box # 500 S. Australian Ave.	3. Mailing Address 500 S. Australian Ave.
Suite, Apt. #, etc. Suite 610	Suite, Apt. #, etc. Suite 610
City & State	City & State
Zip 33401-6237	Country
Zip 33401-6237	Country



04182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LEVINE, BRAHM D 515 N FLAGLER DRIVE #300 P WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 S. Australian Ave. #610 City West Palm Beach FL Zip Code 33401-6237	
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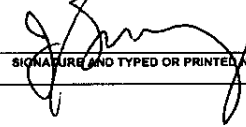
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELTES, SAMUEL Z 7800 BOUL DECARIE MONTREAL, QUEBEC, CA h4p2h4 <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	STD BUDNING, JEFFREY G 7800 BOUL DECARIE MONTREAL, QUEBEC, CA h4p2h4 <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:  **JEFF BUDNING** **April 25/07** **514-735-1199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #