

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT-# P99000052446

1. Entity Name
JERAD, INC.



Principal Place of Business
4411 NAUTILUS DR.
MIAMI BEACH, FL 33140

Mailing Address
4411 NAUTILUS DR.
MIAMI BEACH, FL 33140



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAFFE, ONDENE HEATHER
4411 NAUTILUS DR.
MIAMI BEACH, FL 33140

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/10/06
DATE

**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

H00000514/14
14/29/06-80172-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME JAFFE, ONDENE HEATHER
STREET ADDRESS 4411 NAUTILUS DR.
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME JAFFE, ROBERT JAY
STREET ADDRESS 4411 NAUTILUS DR.
CITY-ST-ZIP MIAMI BEACH, FL 33140

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

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

(305) 538-6411

Daytime Phone #