2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

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DOCU 1. Entity Nam JETTY'S,						-	or Sur	
1106 YARBOROUGH STREET 13700 I		iling Address 8700 BLUE FOX PLACE ALM BEACH GARDENS, FL 33418 US		7 10 10 13 10 10	BE 158011 MARINAN 15555 MUNIS 18801 I			
DO NOT WRITE IN THIS SPA				01192007	No Chg-P	CR2E034 (11/		
			CE	4. FEI Numb 65-022 5. Certificate	-	\$8.75 Fee Req	Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent						7 64 1004	unea	
TAUBE, DEBORAH 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418			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 reinstating) OATE								
<u> </u>	Ognition, spool of printed varieties registered again and t	as approache. (NOTE Negation	ou rigon signature rec	dones en en senseamily	1	- CASE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fit Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	ECTORS	1		•		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP TAUBE, JAMES 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 3341 DS	8	-			20911	155 OO	
NAME STREET ADDRESS CITY-SI-ZIP TAUBE, DEBORAH 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418					U00000620911 02/09/07-80055-024 150.00			
NAME STREET ADDRESS CITY-ST-ZIP	T WINTER, RON 908 BRIDGEWOOD PLACE BOCA RATON, FL			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS	AS TAUBE, FAITH 13700 BLUE FOX PLACE			IN '	THIS SP	ACE		

12. I hereby certify that the information supplied with this filling 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 open like empowered.

SIGNATURE:

CITY ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

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