

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # V06306 1. Entity Name JERICO STATE CAPITAL CORP. OF FLORIDA			
Principal Place of Business 2500 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431 US		Mailing Address 2500 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431 US	
DO NOT WRITE IN THIS SPACE			
 04272006 No Chg-P CR2E034 (11/05)			
4. FEI Number 65-0431484		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHWATT, RICHARD 2500 NORTH MILITARY TRAIL SUITE 240 BOCA RATON, FL 33431		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 the filer applies. (NOTE: Registered Agent's signature required when withdrawing)			
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CHWATT, RICHARD 7000 LIONS HEAD LANE BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHWATT, GLENN M 3887 NW 52 STREET BOCA RATON, FL 33496		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/27/06 Daytime Phone #: 561-989-0091	

GLENN M. CHWATT
PRESIDENT

4/27/06