

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90004 029 ***150.00

DOCUMENT # V38073 1. Entity Name JAD ACRYLICS, INC.			
Principal Place of Business 3350 NW 22 TERR SUITE 200 B POMPAHO BCH, FL 33433 US		Mailing Address 3350 NW 22 TERR SUITE 200 B POMPAHO BCH, FL 33433 US	
2. Principal Place of Business - No P.O. Box # 9858 Clint Moore Rd		3. Mailing Address SAME	
Suite, Apt. #, etc. C-111-313		Suite, Apt. #, etc. SAME	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33496		Zip 33496	
Country US		Country US	
4. FEI Number 65-0346950		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 DENKER, AMY 3350 NW 22ND TERRACE SUITE 200B POMPAHO BEACH, FL 33069		7. Name and Address of New Registered Agent Name Amy Denker Street Address (P.O. Box Number is Not Acceptable) 9858 Clint Moore Road C-111-313 City Boca Raton FL Zip Code 33496	
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DENKER, AMY 11542 BIG SKY COURT BOCA RATON, FL 33498 <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	VP DENKER, MICHAEL 11542 BIG SKY COURT BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Amy Denker</i></u> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/18/08</u> Daytime Phone # <u>261-852-6833</u>	