2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90409 045 ***150.00

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04172006 Chg-P CR2E034 (11/05)

DOCUMENT # M83903

1. Entity Name
EL JIREH, INC.

Principal Place of Business	Mailing Address
C/O ANTHONY J. ORTNER 2802 S. TANNER RD. ORLANDO, FL 32820	C/O ANTHONY J. ORTNER 2802 S. TANNER RD. ORLANDO, FL 32820

2. Principal Place of Business		3. Mailing Address	
Pizzeria Valdiano		510 N. Orlando Ave #103	
Suite, Apt. #, etc. 510 N. Orlando Ave #103		Suite, Apt. #, etc.	
City & State Winter Park		City & State Winter Park	
Zip 32789	Country USA	Zip 32789	Country USA

4. FEI Number 59-2901153 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIGUORI, MICHAEL
2802 S. TANNER RD.
ORLANDO, FL 32820

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
510 N. ORLANDO Ave. Suite #103

City Winter Park FL Zip Code 32789

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) 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIGUORI, MICHAEL 2802 S. TANNER RD ORLANDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGUORI, MARIA 2802 S. TANNER RD ORLANDO, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #