

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90409 045 ***150.00

DOCUMENT # M83903	
1. Entity Name EL JIREH, INC.	

Principal Place of Business C/O ANTHONY J. ORTNER 2802 S. TANNER RD. ORLANDO, FL 32820	Mailing Address C/O ANTHONY J. ORTNER 2802 S. TANNER RD. ORLANDO, FL 32820
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2. Principal Place of Business Pizzeria Valdiano	3. Mailing Address 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

40059530

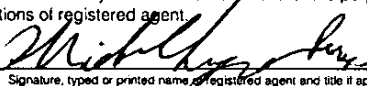


04172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2901153	Applied For ☐ Not Applicable
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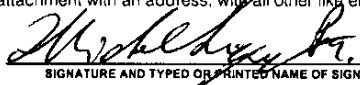
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIGUORI, MICHAEL 2802 S. TANNER RD. ORLANDO, FL 32820	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number 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 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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
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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
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: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	