2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90290 037 ***150.00

DOCUMENT # P02000070192

1. Entity Name
JACKIE ONE RESTAURANT, INC.

Principal Place of Business	Mailing Address
540 W ATLANTIC AVENUE DELRAY BEACH, FL 33444	540 W ATLANTIC AVENUE DELRAY BEACH, FL 33444

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0559817
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~EACCOUNTANTSMALL.COM, LLC.~~ ANASTASE, AHNEL
~~1437 NE 4TH AVENUE~~ 540 W Atlantic Ave
~~FT LAUDERDALE, FL 33304~~ Delray B. FL 33444

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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: Ahnel Anastase 4/20/06
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

TITLE	D
NAME	LOUIMERE, SOLANGE
STREET ADDRESS	1531 S STONEHAVEN DR #3
CITY-ST-ZIP	BOYNTON B, FL 33436
TITLE	D
NAME	LOUIMERE, SHIRLIE
STREET ADDRESS	1531 S STONEHAVEN DR #3
CITY-ST-ZIP	BOYNTON B, FL 33436
TITLE	D
NAME	ANASTASE, AHNEL
STREET ADDRESS	1531 S STONEHAVEN DR #3
CITY-ST-ZIP	BOYNTON B, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ahnel Anastase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #