


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000054135

1. Entity Name
JEFF IORIO, INC.



Principal Place of Business C/O JOHN H. HULL 5714 COCO PALM DRIVE FORT LAUDERDALE, FL 33319	Mailing Address C/O JOHN H. HULL 5714 COCO PALM DRIVE FORT LAUDERDALE, FL 33319
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1696355	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IORIO, JEFF D
 2500 NE 9TH ST., #203
 FORT LAUDERDALE, FL 33304**

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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 _____ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000559846 05/18/06-80014-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	NAME IORIO, JEFF D
STREET ADDRESS 2500 N.E. 9TH STREET, #203	
CITY-ST-ZIP FORT LAUDERDALE, FL 33304	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
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: *Jeff D Iorio* **JEFF IORIO, D.I.R.** *AZALOL*
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #