

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90188 012 ***150.00

DOCUMENT # F03000003892

1. Entity Name
J. FORTUNY COMPANIES, INC.



50001445

Principal Place of Business Mailing Address
10110 DOUGLAS OAKS CIRCLE APT 203 10110 DOUGLAS OAKS CIRCLE APT 203
TAMPA, FL 33610 TAMPA, FL 33610
2667 ASPEN CT 2667 ASPEN CT
PALM HARBOR, FL 34684-1947 PALM HARBOR, FL 34684-1947

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02172006 Chg-P CR2E034 (11/05)

4. FEI Number **46-0476743** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTUNY, JOSE
10110 DOUGLAS OAKS CIRCLE APT 203
TAMPA, FL 33610
2667 ASPEN CT
PALM HARBOR, FL 34684-1947

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	FORTUNY, JOSE	
STREET ADDRESS	10110 DOUGLAS OAKS CIRCLE APT 203	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JOSE FORTUNY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 727-773-8145
Date Daytime Phone #