

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F86261**

1. Entity Name  
**JIM STEFANELLI ENTERPRISES INC.**



Principal Place of Business

**2106 NW 13 AVE  
MIAMI, FL 33142 US**

Mailing Address

**P.O. BOX 2845  
HALLANDALE, FL 33008-2845 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2196927**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMIREZ, FREDERICK J., ESQ.  
506 PALM DRIVE  
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

**110000387115  
01/19/06-80027-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	STEFANELLI, JAMES P.
STREET ADDRESS	506 PALM DRIVE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	VSD
NAME	STEFANELLI, GERALDINE D
STREET ADDRESS	506 PALM DRIVE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES STEFANELLI 1/12/06 95445863**