

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J73034 1. Entity Name JORANN, INC.	
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Principal Place of Business % HARVEY MORANTZ 11641 SW 12TH ST. PEMBROKE PINES, FL 33025	Mailing Address % HARVEY MORANTZ 11641 SW 12TH ST. PEMBROKE PINES, FL 33025
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DO NOT WRITE IN THIS SPACE	 01062006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2812879 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORANTZ, HARVEY 11641 SW 12TH ST. PEMBROKE PINES, FL 33025

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 _____ (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	000000431329 02/23/06-80018-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORANTZ, HARVEY 11641 SW 12TH ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORANTZ, ROSANNE 11641 S.W. 12TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORANTZ, MICHAEL 1101 S.E. 11 CT. FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTALUCIA, LISA 4870 ROTHSCHILD DRIVE POMPANO BEACH, FL 33067
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey Morantz V.P. **2-7-06 9544562929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #