

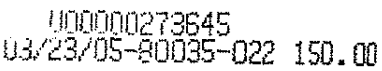
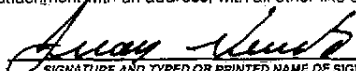


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K24943</b>		
1. Entity Name JUANITO'S, INC.		
Principal Place of Business 9610 SW 8TH ST MIAMI, FL 33174-2901		Mailing Address 9610 SW 8TH ST MIAMI, FL 33174-2901
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03112005 No Chg-P CR2E034 (10/03)
4. FEI Number 26-4768020		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
VENTO, JUAN 1822 SW 104 PL MIAMI, FL 33165-7336		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST VENTO, JUAN 1822 SW 104 PL MIAMI, FL	 000000273645 03/23/05-80035-022 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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 exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-15-05 <small>Date Daytime Phone #</small>