2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 08:00 Al Secretary of State

DOCUMENT # K24043 1. Entity Name JUANITO'S, INC.			Secretary of Star	
Principal Place 1822 SW 10 MIAMI, FL 3		Mailing Address 1822 SW 104TH PL MIAMI, FL 33165		LISBURII BUB IIBU BURII BURII BURII BURIN BURIN BURII BURII BURII BURII BURII BURII BURII BURI
С	O NOT WRITE	IN THIS SPA	ACE	01172008 No Chg-P CR2E034 (11/05) 4. FEI Number 26-4768020
6. Name and Address of Current Registered Agent VENTO, JUAN 1822 SW 104 PL MIAMI, FL 33165-7336				DO NOT WRITE IN THIS SPACE
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the submits of the submit	title if applicable. (NOTE: Regist	ared Agant signature requires	ered agent, or both, in the State of Florida. I am familiar with, and accept ed when retratating) DATE 100000819654 5.00 May Be ided to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST VENTO, JUAN 1822 SW 104 PL MIAMI, FL 331657336	RECTORS		
NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/08

Daytime Phone #