

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L42487

1. Entity Name
JEANRICK, CORP.



Principal Place of Business
10740 W. FLAGLER STREET
SUITE 7
MIAMI FL 33174
US

Mailing Address
% ONEIDA REBOLLIDA
3175 S.W. 109 COURT
MIAMI FL 33165



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0169459

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

REBOLLIDA, ONEIDA
3175 S.W. 109 COURT
MIAMI FL 33165

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
D REBOLLIDA, ONEIDA
STREET ADDRESS 3175 S.W. 109 COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME
D REBOLLIDA, PEDRO
STREET ADDRESS 3175 S.W. 109 COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

TITLE NAME
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
000000603262
01/29/07-80006-015 150.00 ☐ Change ☐ Addition

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Change ☐ Addition

TITLE NAME
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Oneida Rebolida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07
Date

Daytime Phone #