

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M97865

1. Entity Name

JOHNNY LAPONZINA, INC.



Principal Place of Business

10500 TAFT ST.
PEMBROKE PINES, FL 33026 US

Mailing Address

10500 TAFT ST.
PEMBROKE PINES, FL 33026 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0076797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BORNSTEIN, STEVEN L.
CENTRE AT PALM & STIRLING
9900 STIRLING ROAD
COOPER CITY, FL 33024

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
LAPONZINA, JOHNNY
209 NORTH BRICH ROAD, UNIT 1102
FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LAPONZINA, JOHNNY
209 NORTH BIRCH ROAD, UNIT 1102
FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100001388642
01/20/06-80013-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Johnny Laponzina 1/10/06 954.433.8800