

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90408 011 \*\*\*150.00

**DOCUMENT # P01000058308**

1. Entity Name  
**JORDI, INC.**



Principal Place of Business  
**141 NE 3RD AVENUE  
SUITE 207  
MIAMI, FL 33132**

Mailing Address  
**141 NE 3RD AVENUE  
SUITE 207  
MIAMI, FL 33132**

2. Principal Place of Business  
**830 LAVENDER CIRC**

3. Mailing Address  
**830 LAVENDER CIRC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WESTON, FL**

City & State  
**WESTON, FL**

Zip  
**33327**

Country  
**USA**

Zip  
**33327**

Country  
**USA**

04262006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-1135700**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DE BENET, DORKYS G  
141 NE 3RD AVENUE  
SUITE 207  
MIAMI, FL 33132**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**830 LAVENDER CIRCLE**  
City **WESTON** FL Zip Code **33327**

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

**4/26/06**

**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	PD DE BENET, DORKYS G 141 NE 3RD AVENUE, SUITE 207 MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIERO, PEDRO J 141 NE 3RD AVENUE, SUITE 207 MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BENET, JORGE 141 NE 3RD AVENUE, SUITE 207 MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RODRIGUEZ, ANDRES 141 NE 3RD AVENUE, SUITE 207 MIAMI, FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>830 LAVENDER CIRCLE WESTON, FL 33327</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>830 LAVENDER CIRCLE WESTON, FL 33327</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>830 LAVENDER CIRCLE WESTON, FL 33327</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>830 LAVENDER CIRCLE WESTON, FL 33327</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

**4/26/06**

**(754)422-4082**