

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P02000070192

1. Entity Name

JACKIE ONE RESTAURANT, INC.



Principal Place of Business

540 W ATLANTIC AVENUE
DELRAY BEACH, FL 33444

Mailing Address

540 W ATLANTIC AVENUE
DELRAY BEACH, FL 33444



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0559817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANASTASE, ARIEL
540 W. ATLANTIC AVE
DELRAY BEACH, FL 33444

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOUIERE, SOLANGE
STREET ADDRESS	1531 S STONEHAVEN DR #3
CITY-ST-ZIP	BOYNTON B, FL 33436
TITLE	D
NAME	LOUIERE, SHIRLIE
STREET ADDRESS	1531 S STONEHAVEN DR #3
CITY-ST-ZIP	BOYNTON B, FL 33436
TITLE	D
NAME	ANASTASE, AHNEL
STREET ADDRESS	1531 S STONEHAVEN DR #3
CITY-ST-ZIP	BOYNTON B, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80160-015 150.00

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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 #