

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010325

1. Entity Name
JESSIE D'ANGELO STUDIO, INC.



FILED
06 NOV -8 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
15420 SW 82 CT.
PALMETTO BAY, FL 33157

Mailing Address
15420 SW 82 CT.
PALMETTO BAY, FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192006 Chg-P CR2E034 (11/05) 06

4. FEI Number
81-0593839

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

D'ANGELO, JESSIE
15420 SW 82 CT.
PALMETTO BAY, FL 33157

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
D'ANGELO, JESSIE
15420 SW 82 CT.
PALMETTO BAY, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000080581250
10/09/06--01003--001 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
RIVA, STEFANO
15420 SW 82 CT.
PALMETTO BAY, FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P./T/D
Riva, Stefano
15420 SW 82 CT.
Palmetto Bay, FL 33157 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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TITLE
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CITY - ST - ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/06 786-242-7055
Date Daytime Phone #

11/06/06

SOUTHWEST ACCOUNTING CENTER, INC.

Call me here

Phone 305-255-2511

Fax: 305-255-7313

P.O. BOX 971577
Miami, FL 33197-1577
E-mail: swacctg@bellsouth.net

October 20, 2006

Fax 850-245-6017

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Jesse D'Angelo Studio Inc.

Gentlemen:

Please be advised that my clients did not receive the notice of the annual fee being due and I downloaded the reinstatement form on 6/19/2006. Due to unforeseen circumstances on my part I was not able to locate my client to file this form. Since the form was filled out on 6/19/2006, I just had my client sign it and mailed it to your offices without reprinting another form. My client was made aware of her corporation being dissolved on 10/4/2006. Enclosed is your letter and the reinstatement form.

We are asking that you waive the penalties and reinstate our clients corporation. My client has always filed her annual reports on time.


Thank you so much for your prompt and courteous attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.



Regina Lloret
President



Jessie D'Angelo

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