

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000015293		
1. Entity Name FRANCO'S JOB OPPORTUNITIES INC.		

Principal Place of Business 2368 S.W. 32ND AVE. MIAMI, FL 33145	Mailing Address 2368 S.W. 32ND AVE. MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1151696	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANCO, SERGIO 2368 S.W. 32ND AVE. MIAMI, FL 33145

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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 _____	DATE _____
Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)

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	000000429647 02/22/06-80017-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, SERGIO 2368 S.W. 32ND AVE. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, SARITA 2368 S.W. 32ND AVE. MIAMI, FL 33145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>[Signature]</i>	Date: _____	Daytime Phone #: 305-442-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		