


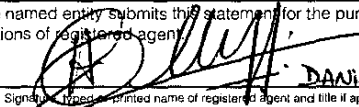
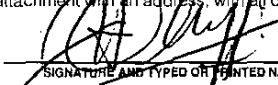
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90215 046 ***158.70

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DOCUMENT # P03000050086			
1. Entity Name JUANCHITO CORP.			
Principal Place of Business 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009		Mailing Address 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009	
2. Principal Place of Business 600 THREE ISLANDS BLVD		3. Mailing Address 600 THREE ISLANDS BLVD	
Suite, Apt. #, etc. 1605		Suite, Apt. #, etc. 1605	
City & State HALLANDALE BEACH, FL		City & State HALLANDALE BEACH, FL	
Zip 33009	Country USA	Zip 33009	Country USA
4. FEI Number 56-2355203		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARKATZ, DANIEL L 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 THREE ISLANDS BLVD. APT. 1605 City HALLANDALE BEACH 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: 		DATE: 02/06/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKATZ, DANIEL L 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 THREE ISLANDS BLVD. APT. 1605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUTIN DE HARKATZ, ELENA M 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 THREE ISLANDS BLVD. APT. 1605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARKATZ, ALAN R 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 THREE ISLANDS BLVD. APT. 1605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARKATZ, SHEILA J 2500 PARKVIEW DRIVE APT. 610 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 THREE ISLANDS BLVD. APT. 1605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 		DATE: 02/06/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL L. HARKATZ		Date Daytime Phone # (305) 528-4113	