


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000050086	
1. Entry Name JUANCHITO CORP.	

Principal Place of Business 600 THREE ISLANDS BLVD #1605 HALLANDALE, FL 33009	Mailing Address 600 THREE ISLANDS BLVD #1605 HALLANDALE, FL 33009
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2355203	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HARKATZ, DANIEL L
600 THREE ISLANDS BLVD #1605
HALLANDALE, FL 33009

**DO NOT WRITE
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000328434
04/25/05-80077-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARKATZ, DANIEL L
STREET ADDRESS	600 THREE ISLANDS BLVD #1605
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	SD
NAME	HUTIN DE HARKATZ, ELENA M
STREET ADDRESS	600 THREE ISLANDS BLVD #1605
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	VD
NAME	HARKATZ, ALAN R
STREET ADDRESS	600 THREE ISLANDS BLVD #1605
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	TD
NAME	HARKATZ, SHEILA J
STREET ADDRESS	600 THREE ISLANDS BLVD #1605
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **DANIEL HARKATZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Date

(305) 528-4113

Daytime Phone #