

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2006 08:00 AM  
Secretary of State

DOCUMENT # P03000050086

1. Entity 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



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
56-2355203

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

000000539117  
05/09/06-80086-020 150.00

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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 I am empowered.

SIGNATURE: \_\_\_\_\_

*Daniel Harkatz*  
DANIEL HARKATZ  
DIRECTOR

4/24/06

(305) 528-4113

Date

Daytime Phone #