2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 14
Secr

DOCUMENT # P03000050205

1. Entity Name
J. M. PESCATORE ENTERPRISE, INC.

Principal Place of Business	Mailing Address
4040 NW 114TH AVE. CORAL SPRINGS, FL 33065	4040 NW 114TH AVE. CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

03092006 No Chg-P OR2E034 (11/05)

4. FEI Number
06-1717953
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PESCATORE, JAMES M
4040 NW 114TH AVE.
CORAL SPRINGS, FL 33065

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6. 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PESCATORE, JAMES M
STREET ADDRESS	4040 NW 114TH AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: James M Pescatore JAMES M PESCATORE 3/10/06 (954) 592-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #