2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-10-2006 90001 026 ***550.00

DOCUMENT # P04000079139

1. Entity Name
JOSE BARRUETA COPORATION

Principal Place of Business
124 JENNA AVENUE SOUTH
LEHIGH ACRES FL 33971
US

Mailing Address
511 IONE AVE
FT MYERS FL 33905

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business: 124 JENNA AV. S.
Suite, Apt. #, etc.
City & State: LEHIGH ACRES FL.
Zip: 33971 Country: LEE

3. Mailing Address: 511 IONE AVE.
Suite, Apt. #, etc.
City & State: FT. MYERS FL.
Zip: 33905 Country: LEE

4. FEI Number: 55-0867932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BARRUETA, JOSE S~~
~~4997 LOCKETT ROAD~~
~~FORT MYERS FL 33905~~

7. Name and Address of New Registered Agent

Name: José S. Barrueta
Street Address (P.O. Box Number is Not Acceptable): 511 Ione Ave.
Ft Myers. FL 33905
City: FL Zip Code: 33905

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 $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P BARRUETA, JOSE S 511 IONE AVE FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: José S. Barrueta 08-18-06. (239) 222-4869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #