May 02 06 03:57a Lazaro J. Perez P.A. 3

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Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90036 007 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000071819

1. Entity Name
JENNIFER GRILLO PA

40097182

Principal Place of Business
7325 SW 82 STREET
MIAMI, FL 33143

Mailing Address
7325 SW 82 STREET
MIAMI, FL 33143

00/22006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1708 Beach Parkway West		1708 Beach Parkway West	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cape Coral, Florida		City & State: Cape Coral, Florida	
Zip: 33914	Country: U.S.A.	Zip: 33914	Country: U.S.A.

4. FEI Number: 20-2861013 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRILLO, JENNIFER
7325 SW 82 STREET
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: Jennifer Grillo
Street Address (P.O. Box Number is Not Acceptable): 1708 Beach Parkway West
City: Cape Coral, Florida FL Zip Code: 33914

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] 05-01-2006
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
Due by September 6, 2006

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	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	GRILLO, JENNIFER		NAME	Jennifer Grillo	
STREET ADDRESS	7325 SW 82 STREET		STREET ADDRESS	1708 Beach Parkway West	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Cape Coral, Florida 33914	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 05-01-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #