

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 033 \*\*\*150.00

**DOCUMENT # P06000048087**

1. Entity Name  
**JACQUELINE ROSE, INC.**



Principal Place of Business  
**22264 SW 99TH AVENUE  
MIAMI, FL 33190**

Mailing Address  
**22264 SW 99TH AVENUE  
MIAMI, FL 33190**

**40077554**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**84-1708905**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUARTE, JACQUELINE  
22264 SW 99TH AVENUE  
MIAMI, FL 33190**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRES  
DUARTE, JACQUELINE E  
22264 SW 99TH AVENUE  
MIAMI, FL 33190**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40077992



## Division of Corporations

## Annual Report

Annual Report Help

Document Number

P06000048087

Business Entity Name

JACQUELINE ROSE, INC.

FEI Number

841708905

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address

22264 SW 99TH AVENUE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33190

## Mailing Address

Address

22264 SW 99TH AVENUE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33190

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

DUARTE

JACQUELINE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 22264 SW 99TH AVENUE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33190

US

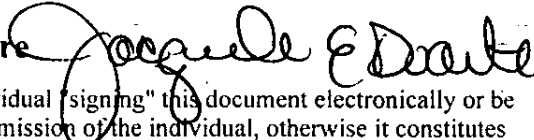
If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

(850) 243-1056 (#4)  
\$150

ATTACHMENT

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PD6000048087

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PRES  
Name (Last, First, Middle, Title) DUARTE, JACQUELINE E

- OR -

Entity Name to serve as  
Officer/Director

Street Address 22264 SW 99TH AVENUE  
City, State MIAMI, FL  
Zip Code & Country 33190

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

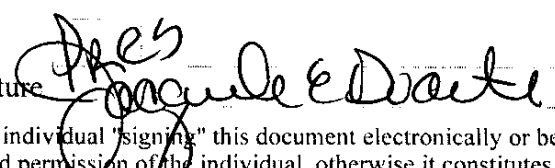
City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset