


**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 043 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000056535</b> 1. Entity Name <b>JONNICO CORPORATION</b>	
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Principal Place of Business <b>6161 MIAMI LAKES DR. E. HIALEAH, FL 33014 US</b>	Mailing Address <b>6161 MIAMI LAKES DR. E. HIALEAH, FL 33014 US</b>
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**DO NOT WRITE IN THIS SPACE**



06262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0464710</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**KANNER, REUVEN  
6161 NW 154TH STREET  
MIAMI LAKES, FL 33014**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) 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**

In accordance with S. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANNER, REUVEN 6161 NW 154TH STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KANNER, SUSANA 6161 NW 154TH STREET MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**6/30/06 305-558-0114**  
Date Daytime Phone