

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000002843

1. Entity Name  
JESSICA AND ALEXANDRA ENTERPRISES, INC.



Principal Place of Business  
7800 W. OAKLAND PARK BLVD.  
BLDG. G  
SUNRISE, FL 33351

Mailing Address  
7800 W. OAKLAND PARK BLVD.  
BLDG. G  
SUNRISE, FL 33351

FILED  
06 APR 27 AM 10:59  
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

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4. FEI Number  
65-0699850

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN  
7800 W. OAKLAND PARK BLVD.  
BLDG. G  
SUNRISE, FL 33351

**DO NOT WRITE  
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 reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SIBONEY, GILBERT 16425 COLLINS AVENUE, #1412 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD., BLDG G SUNRISE, FL 33351
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800074148268  
05/08/06--01014--023 \*\*350.00

**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

REJEAN LAPIERRE

4/26/06

Date

954-749-8802

Daytime Phone #