

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 006 ***150.00

DOCUMENT # P95000038507

1. Entity Name

JUAN CARLOS, INC.



Principal Place of Business

2105 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134
US

Mailing Address

2105 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0584835

Applied For

Not Applicable

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

RIVERO, LUIS J ESQ.
299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

Name

Mitchell J. Howard

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

3800 S. OCEAN DRIVE

SUITE 219

City

Hollywood

FL

Zip Code

33019

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TEJERA, JUAN C ☒ Delete
STREET ADDRESS 2711 SOUTH WEST 17TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE VT
NAME NERY, MARIA TEJERA ☒ Delete
STREET ADDRESS 2711 SOUTH WEST 17TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME TEJERA, JUAN CARLOS
STREET ADDRESS 2712 Hilola Street
CITY-ST-ZIP COCONUT GROVE. FL. 33133

TITLE VT ☒ Change ☐ Addition
NAME NERY MARIA TEJERA
STREET ADDRESS 2712 Hilola Street
CITY-ST-ZIP COCONUT GROVE. FL. 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nery M. Tejera Nery M. Tejera

1-24-06 305.774.0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #