

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 020 ***150.00

DOCUMENT # P96000003683

1. Entity Name
JEANSUSAN, INC.



Principal Place of Business

**3471 MAIN HWY #622
MIAMI, FL 33133**

Mailing Address

**3471 MAIN HWY #622
MIAMI, FL 33133**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0641441

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

**SOMAN, WILLIAM D P.A.
3471 MAIN HWY #622
MIAMI, FL 33133**

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 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DP SOMAN, JEAN P. <input type="checkbox"/> Delete
STREET ADDRESS	9000 ARVIDA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE NAME	DVP SCOTT, SUSAN <input type="checkbox"/> Delete
STREET ADDRESS	10624 N.W. 225 A
CITY-ST-ZIP	OCALA, FL 34482
TITLE NAME	DST SOMAN, WILLIAM D <input type="checkbox"/> Delete
STREET ADDRESS	9000 ARVIDA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP SOMAN, JEAN P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3471 MAIN HWY., #622
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	DST SOMAN, WILLIAM D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3471 MAIN HWY., #622
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEAN P. SOMAN
PRESIDENT**

02/01/06

Date

Daytime Phone #

(305) 476-1485