


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 032 ***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 - No P.O. Box # 1191 SW 60 AVENUE	3. Mailing Address 1191 SW 60 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PINECREST, FL	City & State PINECREST, FL
Zip 33156	Country USA
Zip 33156	Country USA



01262007 Chg-P CR2E034 (12/06)

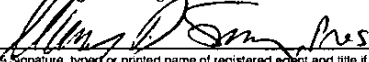
4. FEI Number 65-0641441	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SOMAN, WILLIAM D P.A. 3471 MAIN HWY #622 MIAMI, FL 33133	
--	--

7. Name and Address of New Registered Agent Name WILLIAM D. SOMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1191 SW 60 AVENUE City PINECREST FL Zip Code 33156	
--	--


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:  **WILLIAM D. SOMAN**
President
(NOTE: Registered Agent signature required when reinstating)
DATE: **03-01-07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	DP SOMAN, JEAN P 3471 MAIN HWY., #622 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMAN, JEAN P. 1191 SW 60 AVENUE PINECREST, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, SUSAN 10624 N.W. 225 A OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOMAN, WILLIAM D 3471 MAIN HWY., #622 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOMAN, WILLIAM D. 1191 SW 60 AVENUE PINECREST, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JEAN P. SOMAN**
President
DATE: **03-06-07** (786) 268-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #