

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000095378**

1. Entity Name  
**JUAN ARDILES ENTERPRISES, INC.**



Principal Place of Business

**5051 S. STATE ROAD 7  
SUITE 516  
DAVIE, FL 33314**

Mailing Address

**5051 S. STATE ROAD 7  
SUITE 516  
DAVIE, FL 33314**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0791621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ARDILES, JUAN P  
6041 SUPERIOR BLVD  
FORT LAUDERDALE, FL 33331**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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	P
NAME	ARDILES, MARIA A
STREET ADDRESS	3090 SALINAS BAY
CITY - ST - ZIP	HOLLYWOOD, FL 33025
TITLE	ST
NAME	ARDILES, JUAN P
STREET ADDRESS	6041 SUPERIOR BLVD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000558470  
05/17/06-80095-007 158.75

**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

*Juan P. Ardiles. President. 04/26/06 954-583-9004.*

Date

Daytime Phone #