

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000103237

1. Entity Name
ORIGINAL JUNIE'S RESTAURANT, INC.



Principal Place of Business

**18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169**

Mailing Address

**18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0799598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITTER, DAVE
18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169**

**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 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
**DP
PITTER, DAVE
18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SHAW, MAUREEN
18400 N.W. 2ND AVENUE #11
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BURGESS, KAREN
10995 NEPTUNE DR
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000563117
05/19/06-80083-002 150.00

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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:

Karen S Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 (954) 993-3083