

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 021 ***150.00

DOCUMENT # P98000090181					
1. Entity Name JEANNETTI'S, INC.					
Principal Place of Business 7114 SW 63RD AVENUE SOUTH MIAMI, FL 33143 US			Mailing Address 7114 SW 63RD AVENUE SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business 6619 S. Dixie Highway Suite, Apt. #, etc. 158 City & State Miami FL Zip 33143 Country Miami-Dade		3. Mailing Address 6619 S. Dixie Highway Suite, Apt. #, etc. 158 City & State Miami FL Zip 33143 Country Miami-Dade			
4. FEI Number 65-0873533				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LEYVA, SANDRA 7114 SW 63RD AVENUE SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Jeannetti, Sandra Street Address (P.O. Box Number is Not Acceptable) 6619 S. Dixie Highway #158 City Miami FL Zip Code 33143		
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 DATE 4/27/06 <small>Signature, hand of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	P JEANNETTI, FRANK 7114 SW 63RD AVENUE MIAMI, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEANNETTI, FRANK 6619 S Dixie Highway #158 Miami, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST LEYVA, SANDRA 7114 SW 63RD AVENUE MIAMI, FL 33143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeannetti, Sandra 6619 S Dixie Highway #158 Miami FL 33143	
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	
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:			Date 4/27/06 Daytime Phone # 305-668-6060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					