


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000094635

1. Entity Name
JEANNIE COMMERCIAL CORPORATION



Principal Place of Business
**3450 WEST 84TH STREET, STE 201
 HIALEAH, FL 33018**

Mailing Address
**3450 WEST 84TH STREET, STE 201
 HIALEAH, FL 33018**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0897636

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAVERAN, NELSON
 3450 WEST 84TH STREET, STE 201
 HIALEAH, FL 33018**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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**

UN0000402409
 02/03/06-80007-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRAVERAN, NELSON 3450 WEST 84TH STREET, STE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAVERAN, I. CRISTINA 3450 WEST 84TH STREET, STE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAVERAN, JEANNIE M 3450 WEST 84TH STREET, STE 201 HIALEAH, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **1/12/06 305-557-1253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #