


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000096944

1. Entity Name
JANET LOPEZ ENTERPRISE INC.



| | |
|---|---|
| Principal Place of Business 12161 W LINEBAUGH AVE TAMPA, FL 33626 | Mailing Address 12161 W LINEBAUGH AVE TAMPA, FL 33626 |
|---|---|



02162006 No Chg-P CRZE034 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 65-0884483 | Applied For Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LOPEZ, JANET
12161 W LINEBAUGH AVE
TAMPA, FL 33626

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 renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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 | PVD LOPEZ, JANET 12161 W. LINEBAUGH AVE. TAMPA, FL 33626 |
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 03/17/06-80020-012 150.00

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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: Janet Lopez Janet L Lopez 3-2-06 813 855 5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #