

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # P99000032920**

**1. Entity Name**  
**JONNA CORPORATION**



**Principal Place of Business**  
1000 N.W. 27 AVE.  
MIAMI FL 33125

**Mailing Address**  
1000 N.W. 27 AVE.  
MIAMI FL 33125



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

**4. FEI Number**

65-0923088

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

FIGUEROA, MANNY CPA  
C/O MANNY FIGUEROA CPA, P.A.  
308 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134-5004

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** WISE, JANE A  
**STREET ADDRESS** 1000 N.W. 27 AVE.  
**CITY - ST - ZIP** MIAMI FL 33125

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** U000000563086  
**CITY - ST - ZIP** 05/19/06-80081-008 150.00

**TITLE** D ☐ Delete  
**NAME** BORN, DONNA K  
**STREET ADDRESS** 152 GOVERNORS RD  
**CITY - ST - ZIP** PONTE VEDRA BEACH FL 32082

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Jane Ann K. Wise JANE ANN WISE

05/01/06 (309) 649-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #