2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 023 ***150.00

DOCUMENT # V31039

1. Entity Name
J. NADEAU ENTERPRISES INC.

Principal Place of Business	Mailing Address
4924 S.W. 11 PLACE MARGATE, FL 33063	4924 S.W. 11 PLACE MARGATE, FL 33063

01092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5310 N. STATE RD 7		5310 N. STATE RD 7	
Suite, Apt. #, etc.: SUITE D		Suite, Apt. #, etc.: SUITE D	
City & State: FORT LAUDERDALE FL		City & State: FORT LAUDERDALE FL	
Zip: 33319	Country: USA	Zip: 33319	Country: USA

4. FEI Number: 65-0333842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NADEAU, JEANNEL A.
4924 S.W. 11 PLACE
MARGATE, FL 33063

7. Name and Address of New Registered Agent

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D NADEAU, JOSEPH JEANNEL A 4924 S.W. 11 PLACE MARGATE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D NADEAU, NICOLE 4924 S.W. 11 PLACE MARGATE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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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: JOSEPH JEANNEL A NADEAU 01/09/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #