


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 496682**  
 1. Entity Name  
**JUNIPER INDUSTRIES OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**3650 N. 36TH AVE.**      **72-15 METROPOLITAN AVE**  
**VILLA 12**      **MIDDLE VILLAGE NY 11379-2107**  
**HOLLYWOOD FL 33021**



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      Applied For  
**59-1656484**      Not Applicable

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

6. Name and Address of Current Registered Agent

**WIENER, JESSE L**  
**3650 N 36TH AVE**  
**HOLLYWOOD FL 33021**

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 \_\_\_\_\_      (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      **\$5.00** May Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> Delete
NAME	WIENER, ELLIOT	
STREET ADDRESS	3650 N 36TH AVE VILLA	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WIENER, JESSE L	
STREET ADDRESS	3650 N 36TH AVE VILLA	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WIENER, CELIA	
STREET ADDRESS	3650 N 36TH AVE VILLA	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	U00000396080	
CITY-ST-ZIP	01/27/06-80019-004 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:** *Jan Wiener*      **1-19-06 718-376-254**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #