

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000046797

1. Entity Name

FJN INVESTMENT, INC.



Principal Place of Business

357 HIALEAH DR
HIALEAH FL 33010

Mailing Address

357 HIALEAH DR
HIALEAH FL 33010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0669501

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

SALAZAR, JORGE
921 E 9 PL
HIALEAH FL 33010

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 the filer (applicable)

(NOTE: Registered Agent's signature required when re-electing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008, 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 ☐ Delete
NAME SALAZAR, FULTON
STREET ADDRESS 357 HIALEAH DR
CITY-ST-ZIP HIALEAH FL 33010

☐ Change ☐ Addition
NAME U00000840082
STREET ADDRESS 03/06/08-80034-015 150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME SALAZAR, JORGE
STREET ADDRESS 357 HIALEAH DRIVE
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE ☐ Delete
NAME HERRERA, NILDO
STREET ADDRESS 357 HIALEAH DRIVE
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
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☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #