

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90063 018 ***150.00

DOCUMENT # P04000099681

1. Entity Name
JACK GONOGA CORP.



Principal Place of Business
5151 COLLINS AVE APT 1006
MIAMI BCH, FL 33140

Mailing Address
5151 COLLINS AVE APT 1006
MIAMI BCH, FL 33140

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

3. Mailing Address

5151 COLLINS AVE APT 1006

5151 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1006

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH

Zip

33140

Country

USA

Zip

33140

Country

03222007

Chg-P

CR2E034 (12/06)

4. FEI Number

APPLIED FOR 41-2233113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ.
SERBER & ASSOCIATES, P.A.
2875 NE 191 ST, STE 801
AVENTURA, FL 33180

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIUGONOGA, JACOBO	
STREET ADDRESS	5151 COLLINS AVE APT 1006	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHURBA, NATALIO	
STREET ADDRESS	5151 COLLINS AVE APT 1006	
CITY-ST-ZIP	MIAMI BCH, FL 33140	
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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVANA CHURBA	
STREET ADDRESS	5151 COLLINS AVE APT 1006	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALIO CHURBA	
STREET ADDRESS	5151 COLLINS AVE APT 1006	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

NATALIO CHURBA

03/22/07 (305) 332-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #