

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000015537

Entity Name: JOHANNY SERVICES, INC.**Current Principal Place of Business:**18332 NW 7TH ST
PEMBROKE PINES,, FL 33029**Current Mailing Address:**18332 NW 7TH ST
PEMBROKE PINES,, FL 33029**FEI Number:** 26-2020174**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEREZ BENCOSME, JUANA F
18332 NW 7TH ST.
PEMBROKE PINES, FL 33029 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	PEREZ BENCOSME, JUANA F
Address	18332 NW 7TH ST.
City-State-Zip:	PEMBROKE PINES FL 33029

Title	VP
Name	BENCOSME SANCHEZ, ERNESTO S
Address	18332 NW 7TH ST
City-State-Zip:	PEMBROKE PINES FL 33029

Title	VP
Name	BENCOSME PEREZ, YOHANNY M
Address	18332 NW 7TH ST.
City-State-Zip:	PEMBROKE PINES FL 33029

Title	S
Name	BENCOSME PEREZ, KENIA N
Address	18332 NW 7TH ST.
City-State-Zip:	PEMBROKE PINES FL 33029

Title	T
Name	BENCOSME PEREZ, ERNESTO J
Address	18332 NW 7TH ST.
City-State-Zip:	PEMBROKE PINES FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUANA F PEREZ BENCOSME**PRESIDENT****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date