

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000021510

Entity Name: JO-JEAN PANTON FIGUEIRA, P.A.**Current Principal Place of Business:**2920 NW 29TH AVE
BOCA RATON, FL 33434**Current Mailing Address:**2920 NW 29TH AVE
BOCA RATON, FL 33434 US**FEI Number: 45-4757534****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIGUEIRA, JO-JEAN P
2920 NW 29TH AVE
BOCA RATON, FL 33434 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	FIGUEIRA, JO-JEAN P
Address	2920 NW 29TH AVE
City-State-Zip:	BOCA RATON FL 33434

Title	T
Name	PANTON FIGUEIRA, JO-JEAN
Address	2920 N.W. 29TH AVENUE
City-State-Zip:	BOCA RATON FL 33434

Title	C
Name	PANTON FIGUEIRA, JO-JEAN
Address	2920 NW 29TH AVENUE
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	PANTON FIGUEIRA, JO-JEAN M
Address	2920 NW 29TH AVE
City-State-Zip:	BOCA RATON FL 33434

Title	S
Name	PANTON FIGUEIRA, JO-JEAN
Address	2920 NW 29TH AVENUE
City-State-Zip:	BOCA RATON FL 33434

Title	D
Name	PANTON FIGUEIRA, JO-JEAN
Address	2920 N.W. 29TH AVENUE
City-State-Zip:	BOCA RATON FL 33434

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: JO-JEAN PANTON FIGUEIRA**PRESIDENT****01/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date