

ANNUAL REPORT (AR)

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 360462

1. Entity Name

J. T. C. CONSTRUCTION CORP.



Feb 19, 2008 08:00

Secretary of State

Principal Place of Business

7235 CORAL WAY
206
MIAMI FL 33155
US

Mailing Address

7235 CORAL WAY
206
MIAMI FL 33155
US

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

4. FEI Number

59-1395785

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/07)

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRESPO, ROBERT
7235 CORAL WAY #206
MIAMI FL 33135

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 re-registering.

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

PD

☐ Delete

NAME

CRESPO, ROBERT

STREET ADDRESS

7235 CORAL WAY #206

CITY- ST- ZIP

MIAMI FL 33155

TITLE

VPSD

☐ Delete

NAME

FRAGA, LUCY

STREET ADDRESS

7235 CORAL WAY #206

CITY- ST- ZIP

MIAMI FL 33155

TITLE

VPTD

☐ Delete

NAME

CRESPO, IVETTE

STREET ADDRESS

7235 CORAL WAY #206

CITY- ST- ZIP

MIAMI FL 33155

TITLE

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NAME

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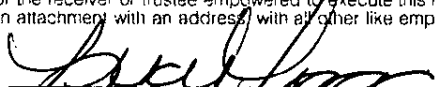
☐ Change ☐ Addition

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

2/11/08 305266-911

Date

Daytime Phone #