

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90202 017 ***150.00

DOCUMENT # 394826

1. Entity Name
JIM FRIGO, INC.



Principal Place of Business
**7420 SW 175TH ST.
MIAMI, FL 33157**

Mailing Address
**7420 SW 175TH ST.
MIAMI, FL 33157**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1374914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRIGO, JAMES
7420 SW 175TH ST.
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIGO, JAMES
STREET ADDRESS	7420 SW 175TH ST.
CITY - ST - ZIP	MIAMI, FL

TITLE	D
NAME	FRIGO, PATRICIA
STREET ADDRESS	7420 SW 175TH ST.
CITY - ST - ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

305-254-7130