

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 043 ***150.00

DOCUMENT #576205 1. Entity Name J F M ENGINEERING INC.					
Principal Place of Business 7880 NW 56 ST. MIAMI, FL 33166			Mailing Address 6655 SW 93 AVE MIAMI, FL 33173-2346 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1860419	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MIBELLI, JOSPEH F 6655 S.W. 93RD AVENUE MIAMI, FL 33173				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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MIBELLI, JOSPEH F 6655 S.W. 93RD AVE. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MIBELLI, PATRICIA L 6655 S.W. 93RD AVE. MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOPEZ, PATRICIA 7462 S. W. 143 AVE. MIAMI, FL 33193	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lopez Patricia 7542 SW 143 Ave Miami, FL 33183 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCBRAYER, PATRICIA I 6160 S. W. 124 ST. MIAMI, FL 33156	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOPEZ, EDMUNDO J 7462 S. W. 143 AVE. MIAMI, FL 33193	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lopez, Edmundo J 7542 SW 143 Ave Miami, FL 33183 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u>Patricia Mibelli</u> <u>01/16/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					