

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # 629596

1. Entity Name  
M J F CONSTRUCTION CORP.



Principal Place of Business  
1804 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

Mailing Address  
1804 PONCE DE LEON BV  
CORAL GABLES, FL 33134 US



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1972081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MENENDEZ, JUAN C  
1804 PONE DE LEON BV  
CORAL GABLES, FL 33134

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**

U00000913382  
05/08/08-80013-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MENENDEZ, JUAN C 1804 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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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 #