

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 030 ***158.75

DOCUMENT # F38409

1. Entry Name
J.F.S. CONSULTING, INC.



Principal Place of Business
16021 SW 82 AVE
MIAMI, FL 33157 US

Mailing Address
100 SE 2ND STREET 1395 Brickell Ave.
17TH FLOOR 14th Floor
MIAMI, FL 33131 US Miami, FL 33131

40000124



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2117993 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKROOT, JOHN C.
100 SE 2ND STREET, 17TH FLR 1395 Brickell Ave.
INTERNATIONAL PLACE 14th Floor
MIAMI, FL 33131 Miami, FL 33131

**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)

February 18, 2005
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME SHEPPARD, JOHN
STREET ADDRESS 16021 SW 82ND AVE.
CITY-ST-ZIP MIAMI, FL

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John C. Sheppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 305 823 5410
Date Daytime Phone #