

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90015 029 ***150.00

DOCUMENT # F94241

1. Entity Name
JEFRA CONSTRUCTION INC.



Principal Place of Business
**14445 SW 110TH STREET
MIAMI, FL 33186**

Mailing Address
**14445 SW 110TH STREET
MIAMI, FL 33186**

54037071



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2206945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOMINGUEZ, JESUS
14445 SW 110TH STREET
MIAMI, FL 33186**

**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, 2004 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 DOMINGUEZ, JESUS
STREET ADDRESS 14445 SW 110TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE S
NAME DOMINGUEZ, FELICIA
STREET ADDRESS 14045 S.W. 110TH ST.
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME DOMINGUEZ, ERNESTO
STREET ADDRESS 19115 SW 119 CT.
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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #