

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 002 ***150.00

DOCUMENT # F94241

1. Entity Name
JEFFRA CONSTRUCTION INC.



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

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

50006049



2. Principal Place of Business
21242 SW 125 PATH
Suite, Apt. #, etc.

3. Mailing Address
21242 SW 125 PATH
Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-2206945

Applied For
Not Applicable

Zip
33177

Country
USA

Zip
33177

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/05.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
DOMINGUEZ, JESUS
14445 SW 110TH STREET
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DOMINGUEZ, ERNESTO
19115 SW 119 CT
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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: **(X)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05.

Date

305-444-1953

Daytime Phone #