


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90240 034 ***150.00

DOCUMENT # G35135		
1. Entity Name JESSLA CONSTRUCTION CORP.		

Principal Place of Business 9780 SW 24th St, Suite #13 MIAMI, FL 33165	Mailing Address 9758 SW 24th Street, #13 MIAMI, FL 33165 9766
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2. Principal Place of Business - No P.O. Box # 9766 S.W. 24 ST	3. Mailing Address 9766 S.W. 24 Street
Suite, Apt. #, etc. Suite #13	Suite, Apt. #, etc. Suite #13

City & State Miami, FLORIDA	City & State Miami, FLORIDA
Zip 33165	Zip 33165
Country U.S.A.	Country USA

00000114



01032007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2278402	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIMA, FELIX 9780 SW 24TH ST, Suite #13 MIAMI, FL 33165 9766		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, 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, 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	PS LIMA, FELIX 9780 SW 24TH ST, #13 MIAMI, FL 33165 9766	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/07

305-554-7425