


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # G60697 1. Entity Name J T L DEVELOPMENT CORP.	
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Principal Place of Business 10913 AUTUMN OAK PL TAMPA, FL 33624 US	Mailing Address 10913 AUTUMN OAK PL TAMPA, FL 33624 US
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02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2321262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIERA, JUAN A
 9205 KINGSRIDGE DR
 TEMPLE TERRACE, FL 33637

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 _____ (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

000000646636
 113/06/07-80040-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VIERA, JUAN A. 9205 KINGSRIDGE DR. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FERNANDEZ, ROSENDO 10913 AUTUMN OAK ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ABUT, JOSE 2210 SW 26TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VIERA, MARIA E. 9205 KINGSRIDGE DR. TEMPLE TERRACE, FL
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 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:  **2/22/2007** 813-963-742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #