

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J14002 1. Entity Name JF DEVELOPMENT CORPORATION					
Principal Place of Business 126 TOMAHAWK DR SUITE 3 INDIAN HARBOUR BEACH FL 32937 US			Mailing Address 126 TOMAHAWK DR SUITE 3 INDIAN HARBOUR BEACH FL 32937 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2684258	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUENMAYOR, JOSE 126 TOMAHWAK DRIVE SUITE 3 INDIAN HARBOUR BEACH FL 32937				7. Name and Address of New Registered Agent 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P JOSE FUENMAYOR 124 ISLAND VIEW DR INDIAN HARBOUR BEACH FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUENMAYOR, DEBORAH 124 ISALNDVIEW DR. INDIAN HARBOUR BEACH FL 32937			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose Antonio Fuenmayor 4/4/05 321-7738708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #