

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # K53425

1. Entity Name
J.J.G. PROPERTY, INC.



Principal Place of Business

**7281 N.W. 8TH ST.
MIAMI, FL 33126**

Mailing Address

**8100 SW 60TH AVENUE
MIAMI, FL 33143**



02152006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0096178

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, JULIAN, JR.
8100 SW 60TH AVENUE
MIAMI, FL 33143**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1101100453200
03/14/06-80010-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, JULIAN JR.
STREET ADDRESS 8100 SW 60TH AVENUE
CITY-ST-ZIP MIAMI, FL 33143

TITLE VD
NAME LAGE, JUSTINA
STREET ADDRESS 7731 SW 100TH ST
CITY-ST-ZIP MIAMI, FL 33156

TITLE ST
NAME ESPALLARGAS, GLADYS
STREET ADDRESS 10635 NW 54TH ST
CITY-ST-ZIP MIAMI, FL 33178

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 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

2/24/06

Date

Daytime Phone # _____