

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M51765

1. Entity Name
J & J VENDORS OF BROWARD INC.



Principal Place of Business

**2742 NW 30TH WAY
#18
LAUDERDALE LAKES, FL 33311 US**

Mailing Address

**2742 NW 30TH WAY
#18
LAUDERDALE LAKES, FL 33311 US**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2800002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARA, MICHAEL
345 NW 45 TERR
DEERFIELD BEACH, FL 33442**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LARA, JOSE
STREET ADDRESS 2742 NW 30TH WAY #18
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

TITLE CEO
NAME LARA, MICHAEL
STREET ADDRESS 2742 NW 30TH WAY #18
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

TITLE ST
NAME LARA, MICHAEL
STREET ADDRESS 2742 NW 30TH WAY #18
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

TITLE V
NAME RODRIGUEZ, SONIA
STREET ADDRESS 2742 NW 30TH WAY #18
CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

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

4/24/2006 954 444 1990
Date Daytime Phone