

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90037 048 \*\*\*\*62.00

**DOCUMENT # N04000009316**

1. Entity Name  
**F. & J COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business

**15702 NW 2 AVE  
MIAMI, FL 33169**

Mailing Address

**15702 NW 2 AVE  
MIAMI, FL 33169**

**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**01-0821825**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JOSEPH, FRITZ  
2222 SW 80 TERR  
MIRAMAR, FL 33025**

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	EDP
NAME	JOSEPH, FRITZ
STREET ADDRESS	2222 SW 80 TERR
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	C
NAME	DORVAL, MADOCHÉ
STREET ADDRESS	2401 SW 28 ST #204
CITY-ST-ZIP	COCONUT CREEK, FL 33132
TITLE	T
NAME	RIMER, ELIANE
STREET ADDRESS	15001 NORTH SPUR DRIVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PD
NAME	DELICES, MAX
STREET ADDRESS	1250 NORTHEAST 159 STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VD
NAME	HEAN-BAPTISTE, KESNER
STREET ADDRESS	5306 NW 190 LN
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	VD
NAME	DELVA, PIERRE R
STREET ADDRESS	2200 ALCÁZAR
CITY-ST-ZIP	MIRAMAR, FL 33023

**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 617, 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

**03/02/06**  
Date

Daytime Phone # \_\_\_\_\_