

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000083728	
1. Entity Name J.N.B. CONSTRUCTION, INC	

Principal Place of Business 10505 W OKEECHOBEE RD SUITE 101 HIALEAH GARDENS, FL 33018	Mailing Address 10505 W OKEECHOBEE RD SUITE 101 HIALEAH GARDENS, FL 33018
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1036907	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, JUAN C 10505 W OKEECHOBEE RD #101 HIALEAH GARDENS, FL 33018	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 responsibility of a registered agent.	

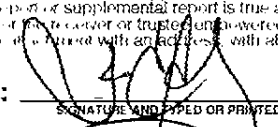
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the responsibility of a registered agent.	
SIGNATURE _____ (Signature of registered agent and not applicable) (NOTE: Registered Agent signature required when re-stating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U00000123022 04/21/04-80054-012 158.75
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10. OFFICERS AND DIRECTORS	
OFFICER NAME TITLE ADDRESS CITY STATE ZIP	PD ALVAREZ, JUAN C 6854 SUNRISE DR CORAL GABLES, FL 33133

DO NOT WRITE
IN THIS SPACE

12. I, the undersigned, 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 included 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; that I am a partner or trustee; or that I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if I am a partner or trustee; and that I am a partner or trustee with an address, with all other like empowered.

SIGNATURE: 	Juan C. Alvarez President	04/04/04 305-512-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #