

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 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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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

8. We, the undersigned, submit 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, the registered agent.

SIGNATURE _____ (Signature of registered agent and title if applicable)	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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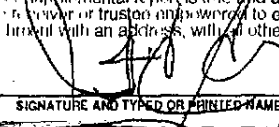
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
NAME TITLE RESIDENCE ADDRESS OFFICE ADDRESS	PD ALVAREZ, JUAN C 6854 SUNRISE DR CORAL GABLES, FL 33133
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 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 in an attachment with an address, with or without other like empowered.

SIGNATURE: 	Juan C. Alvarez President	01/08/05 305-512-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #