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	Mailing Address
10505 W OKEECHOBEE RD SUITE 101 HIALEAH GARDENS, FL 33018	10505 W OKEECHOBEE RD SUITE 101 HIALEAH GARDENS, FL 33018

DO NOT WRITE IN THIS SPACE

01062005 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

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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, the position of registered agent.

SIGNATURE _____ (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, 2005 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	ALVAREZ, JUAN C
ADDRESS	6854 SUNRISE DR
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	

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02/24/05-80032-001 158.75

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12. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Juan C.Alvarez President 01/08/05 305-512-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #