

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000110511	
1. Entity Name HERMANOS J.V. IMPORT & EXPORT, INC.	

Principal Place of Business 4615 NW 72 AVE 110 MIAMI, FL 33166	Mailing Address 4615 NW 72 AVE 110 MIAMI, FL 33166
--	--

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1058095	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDOVAL, MARIA P
19088 SW 179 TERRACE
MIAMI, FL 33177**

**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**

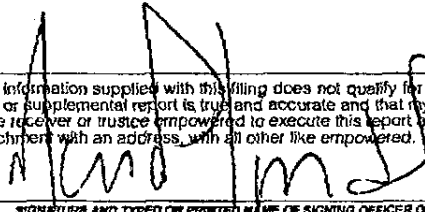
10. OFFICERS AND DIRECTORS

TITLE P	SANDOVAL, MARIA P
NAME	4615 NW 72 AVE #110
STREET ADDRESS	MIAMI, FL 33166
CITY-ST-ZIP	
TITLE V	JARAMILLO, MARIO
NAME	4615 NW 72 AVE #110
STREET ADDRESS	MIAMI, FL 33166
CITY-ST-ZIP	
TITLE D	JARAMILLO, GILBERTO E
NAME	8332 SW 164 CT
STREET ADDRESS	MIAMI, FL 33196
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000465760
03/22/06-80048-023 150.00

**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

1/18/06 (303) 463-8686

Date Daytime Phone #