2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000013482

Entity Name

J & H STEEL FABRICATORS, INC.



FILED
Apr 16, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

1917 NW 18TH ST

1917 NW 18TH ST

UNIT 1

POMPANO BEACH, FL 33069

POMPANO BEACH, FL 33069



DO NOT WRITE IN THIS SPACE

02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1076117

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIBAJA, JENNY 6531 HARBOUR RD N LAUDERDALE, FL 33068

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			IN THIS SPACE		
	named entity submits this statement for the pitions of registered agent.	urpose of changing its registered of	ice or r	egistered agent, or both	n, in the State of Florida II am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tille if	applicable (NOTE Registered Agen	I Signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
10.	OFFICERS AND DIRECTORS				
TITLE	Р				
NAME	BUITRAGO, HENRY	i i			
STREET ADDRESS	6531 HARBOUR RD				
CITY-SI-ZIP	N LAUDERDALE, FL 33068	ď			
TITLE	V				
NAME	SIBAJA, JENNY				
STREET ADDRESS	6531 HARBOUR RD				
CITY-ST-ZIP	N LAUDERDALE, FL 33068	i i			
TITLE					

DO NOT WRITE IN THIS SPACE

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12. Thereby 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 it 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 10 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR BENTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/04

(954) 9636 Baylory Program