

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000035568					
1. Entity Name JUST BRICKS OF S.W. FLORIDA, INC.					
Principal Place of Business 4917 19TH AVENUE S.W. NAPLES FL 34116			Mailing Address 4917 19TH AVENUE S.W. NAPLES FL 34116		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FE Number 59-3713253	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CINTORA, JAIME 4917 19TH AVE SW NAPLES FL 34116			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>JAIME CINTORA</u> DATE <u>3/3/06</u> Signature, by the person or registered agent and file if applicable (NOTE: Registered Agent signature required when consolidated)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINTORA, JAIME 4917 19TH AVENUE S.W. NAPLES FL 34116		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000455760 03/15/06-80001-014 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JAIME CINTORA

3/3/06 239-353-9799