FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)						)
DOCUMENT # P01000062117				>		
1. Entity Name					09 APR -2 AM 7: 53	
JLG D'CONSTRUCTION CORP					SECRETARY OF TALLAHASSEE, F	SIATE
					TALLAHASSEE, F	LORIDA
DO NOT WRITE IN THIS SPACE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. Principal Place of Business 3. Mailing Address				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9921 NW 80 AVE		0			DO NOT MIDITE IN T	HC CDACE
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	Applied For
HIALEAH GARDENS, FL				65-1114827	Not Applicable	
Zip  33016	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
33010				7. Nan	ne and Address of Current Reg	
				Name		- <del>V</del>
DO NOT WRITE			FERNANDEZ, JORGE L Street Address (P.O. Box Number is Not Acceptable)			
		Street Addr 16061 SW 104				
	n this sp	ACE		10001 011 10	, , , , , , , , , , , , , , , , , , , ,	
						7: 0-1-
	m //			City MIAMI	FL	Zip Code 33196
8. The above name	entity submits this st	atement for the purpos	e of c		stered office or registered agent,	or both, in the
State of Florida. Campanilar with, and accept the obligations of registered agent.						
SIGNATURE X JORGE L FERNANDEZ						1/15/2009
- Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
January 1/May 1 Fee is \$150.00  After May 1, see is \$550.00  9. Election Campaign Financing \$5.00 May						
Aner	ded UBR is \$61.25				Trust Fund Contribution.	Added to Fees
Make Check Payable	e to Florida Departm	ent of State				
10.	OFFICERS AI	ND DIRECTORS	11.	<b>÷i €</b> 2000 100 100 100 100 100 100 100 100 100		
TITLE P NAME FERNANDEZ, JORGE L		EL	TITLE			
STREET ADDRESS 16061 SW 104 TER		R STREET ADDRES			741	
CITY-ST-ZIP TITLE	MIAMI,FL 33196			TY-ST-ZIP TLE		## <u>1</u> 50.00
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CITY-ST-ZIP  12. I hereby 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 efficer 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 on an attachment with an address, with all other like empowered.						
Chapter 607, Florida Statutes and making harne appears in block to or off an attachment with an address, with an other like empowered.						
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SIGNATURE:	AT IDE AND TYPE OF	JORGE L FER R PRINTED NAME OF SI		DEZ-PRESIDEN		(305) 409-9449 Daytime Phone #
SIGN	NOUT WHO I THEN OF	A FROM LED MAINE OF SI	GIVING	OF FIGER OR L	AILLOION Date	Daylinic i none #