

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 023 ***150.00

DOCUMENT # **P01000112236**

1. Entity Name
JA-FANN CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 820 NW 135 CT State, Apt. #, etc.		3. Mailing Address 820 NW 135 CT State, Apt. #, etc.	
City & State MIAMI FL 33182		City & State MIAMI FL 33182	
Zip 33182	Country USA	Zip 33182	Country USA

40114330

DO NOT WRITE IN THIS SPACE

4. FEI Number 651154233		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Fanny Viguera**
Street Address (P.O. Box Number is Not Acceptable)
820 NW 135 CT
City **MIAMI** FL Zip Code **33182**

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 constituting)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP P Fanny Viguera 820 NW 135 CT MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)