

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000112967

1. Entity Name
CONSTRUCTION J.C. CORP.



Principal Place of Business
**18021 BISCAYNE BLVD. #302
TOWER #2 SOUTH
AVENTURA, FL 33160**

Mailing Address
**18021 BISCAYNE BLVD. #302
TOWER #2 SOUTH
AVENTURA, FL 33160**



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1148765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN C
230 174 ST #1202
SUNNY ISLES, FL 33160**

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, JUAN C
STREET ADDRESS	230 174 ST #1202
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	TD
NAME	GALLEGOS, MARCELLA
STREET ADDRESS	8984 PINE TREE LANE
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	SD
NAME	RODRIGUEZ, LUIS EDUARDO
STREET ADDRESS	750 NE 199 STREET, APT. 206-H
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	V
NAME	ALONSO, BLANCA C
STREET ADDRESS	9700 E. BAY HARBOUR DRIVE, #202
CITY-ST-ZIP	BAY HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80076-003 150.00

**DO NOT WRITE
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 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

4/24/05

Date

Daytime Phone # _____