

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 21 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059911

1. Entity Name
GMJ CONSTRUCTION, INC.



Principal Place of Business
1459 NW 17 ST
HOMESTEAD, FL 33030

Mailing Address
1459 NW 17 ST
HOMESTEAD, FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202006

Chg-P

CR2E034 (11/05)

4. FEI Number

81-0554343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS JR., WILLIAM E
10677 NORTH KENDALL DRIVE
MIAMI, FL 33030

Name William E. Davis, Jr.

Street Address (P.O. Box Number is Not Acceptable)

49 NW 17 ST

City Homestead

FL

Zip 33030

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 reinstating)

DATE

Amended AR is \$61.25

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
DP
VALDIVIA, GABRIEL MR.
1459 NW 17 ST
HOMESTEAD, FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
DAVIS JR, WILLIAM E MR.
10677 NORTH KENDALL DRIVE
MIAMI, FL 33176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400080233314
09/27/06--01058--022 **\$61.25

TITLE
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TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby 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 reports 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

Date

Daytime Phone #

2/1/06

(305) 275-5355

9/28