


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90013 004 \*\*\*150.00

<b>DOCUMENT # P02000130463</b>	
1. Entity Name <b>O &amp; J BUILDING, CORPORATION</b>	

Principal Place of Business <b>16251 NW 9TH DR PEMBROKE PINES, FL 33028</b>	Mailing Address <b>16251 NW 9TH DR PEMBROKE PINES, FL 33028</b>
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**66006291**



02102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0136405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>REYES, JOEL 16251 NW 9TH DR PEMBROKE PINES, FL 33028</b>
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**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 *Omar Jimenez* *Joel Reyes* **2/15/07**  
Signature, typed or printed name of registered agent and date if applicable. (Not for Registered Agent signature required upon reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	D JIMENEZ, OMAR <b>1249 161st Ave. PEMBROKE PINES, FL 33028</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, JOEL <b>16251 NW 9TH DR PEMBROKE PINES, FL 33028</b>
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IN THIS SPACE**

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 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: *Omar Jimenez* *Joel Reyes* **3/20/07** **954-431-8236**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone