

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082998

1. Entity Name
F.J. GROUP, CORP



Principal Place of Business
C/O PEDRO JOVER
12625 NW 6TH ST
MIAMI, FL 33182

Mailing Address
C/O PEDRO JOVER
12625 NW 6TH ST
MIAMI, FL 33182

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2383085

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOVER, PEDRO A
12625 NW 6TH ST
MIAMI, FL 33182

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOVER GRAVERAN, FRANCISCO
STREET ADDRESS PUERTA DEL ESTE APTO 1
CITY-ST-ZIP CARACAS VENEZUELA

TITLE V
NAME JOVER, PEDRO A
STREET ADDRESS 12625 NW 6TH ST
CITY-ST-ZIP MIAMI, FL 33182

TITLE S
NAME JOVER, CARLOS A
STREET ADDRESS 1090 SW 140 AVE
CITY-ST-ZIP MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000954689
07/14/08-8U012-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/2008

Date

Daytime Phone #