## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachment

SIGNATURE:

## Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P03000087932 1. Entity Name JURA PUMPING CORPORATION Principal Place of Business Mailing Address 4315 WEST 2ND AVENUE 4315 WEST 2ND AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 03122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0068900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JORGE, ALEXI B 3366 S.W. 25TH STREET MIAMI, FL 33133 IN THIS SPACE 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 ... 9. Election Campaign Financing \$5.00 May Be U00000860582 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/02/08-80068-010 150.00 10. OFFICERS AND DIRECTORS TITLE NAME JORGE, ALEXI B STREET ADDRESS 3366 S.W. 25TH STREET CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description of Fig. 12 - U S

Date

Description of Fig. 12 - U S

Date

Description of Fig. 12 - U S

**FILED**