

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90074 012 \*\*\*150.00

**DOCUMENT # P03000103034**

1. Entity Name  
**J & E UOMO, INC.**



Principal Place of Business

11401 NW 12 STREET  
217  
MIAMI, FL 33172

Mailing Address

11401 NW 12 STREET  
217  
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**30-0204348**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAVALLO, JOSEPH  
~~10030 SW 58TH ST.~~  
~~MIAMI, FL 33165~~  
**9735 Fountainebleau Blvd.**  
**G-113**  
**MIAMI, FL 33172**

**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 amending)

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 PTD  
NAME ANYELLO, JORGE  
STREET ADDRESS 220 NW 107 Ave.  
CITY-ST-ZIP #204  
MIAMI, FL 33172

TITLE VD  
NAME CAVALLO, JOSEPH  
STREET ADDRESS 9735 Fountainebleau Blvd.  
CITY-ST-ZIP G-113  
MIAMI, FL 33172

TITLE SD  
NAME HIGUERA, ALEJANDRA K  
STREET ADDRESS 9735 Fountainebleau  
CITY-ST-ZIP Blvd. G-113  
MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

**JORGE ANYELLO (PTD)**

Date

Daytime Phone #

**1/12/07 786-621-5272**