2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130702 JGS MAINTENANCE ENTÉRPRISES, INC.



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

2130 S W 59TH AVE MIAMI, FL 33155

Mailing Address

2130 S W 59TH AVE MIAMI, FL 33155



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01212008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 56-2409938 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JUNIOR

DO NOT WRITE

MIAMI, FL	33155				THIS SPACE	
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or re			with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		4 , 4 , 4		49 1 U.S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GONZALEZ, JUNIOR 2130 S W 59TH AVE MIAMI, FL 33155	•				
NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, JACQUELYN 2130 SW 59TH AVE MIAMI, FL 33155				U00000794911 01/28/08-80027-006 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , ,	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this fling 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 process with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR