

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000142711  
Entity Name  
PREY JESUS FRAMING CORPORATION  
WDS-49045



FILED  
05 DEC 28 11:10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

*Handwritten initials*

2. Principal Place of Business <u>14735 SW. 85 hwy</u> Suite, Apt. #, etc. <u>CASA</u> City & State <u>MIAMI FL.</u> Zip <u>33193</u> Country <u>DADE</u>	3. Mailing Address <u>14735 SW. 85 hwy</u> Suite, Apt. #, etc. <u>CASA</u> City & State <u>MIAMI FL.</u> Zip <u>33193</u> Country <u>DADE</u>
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**REINSTATEMENT** 04-05

4. FEI Number <u>02-0712521</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name <u>FLAVIO AARAGON GAVINO</u> Street Address (P.O. Box Number is Not Acceptable) <u>14735 SW. 85 hwy</u> City <u>MIAMI FL.</u> Zip Code <u>33139</u>	

**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 Flavio Gavino

Signature of principal place of business of registered agent and file if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

Annual Report Fee: \$150.00  
Amended UBR Fee: \$50.00  
Amended UBR Fee: \$50.25  
Make Check Payable to Florida Department of State

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 <u>P.T. FLAVIO A. GAVINO</u> <u>14735 SW. 85 hwy MIAMI FL. 331</u> <u>93</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>900060898599</u> <u>10/24/05--01056--033 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VS. PALMIRA E. GAVINO</u> <u>14735 SW. 85 hwy</u> <u>MIAMI FL 33193</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>900060898599</u> <u>10/24/05--01056--034 **150.00</u> <u>900060898599</u> <u>10/24/05--01056--035 **8.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>900060898599</u> <u>10/24/05--01056--036 **5.00</u> <b>DO NOT WRITE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>900060898599</u> <u>01/19/06--01018--009 **500.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>900060898599</u> <u>01/19/06--01018--010 **85.27</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: FLAVIO GAVINO

*Handwritten signature of Flavio Gavino*

305-310-5723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE CELEULAR