## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P04000027440 04-30-2007 90458 040 \*\*\*150.00 1. Entity Name JOBRIZ BUILDERS, CORP. Principal Place of Business Mailing Address 3170 SW-8 STREET LOT A-114 3170 SW 8 STREET LOT A-114 MIAMI: FL 33135 MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 621 NW 55 STREE 621 NW55 STREET Suite, Apt. #, etc. 04242007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 20-0724054 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIZUELA, JORGE LUIS 1688 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33145 Zip Code The above named entity submits this statement for the obligations of registered agent. offs registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FICE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Addition Tori zuela Jorge Luis NAME BRIZUELA, JORGE LUIS NAME 1621 NW 65 STREET HIAMI FL 33142 -3170 SW 8 STREET LOT A 114 STREET ADDRESS STREET ADDRESS MIAMI, FL 33135 CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE Change Addition Brizula, Karla NAME BRIZUELA: KARLA L NAME 1621 NW 55 STREET STREET ADDRESS 3170 CW 8 STREET LOT A 114 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CHY-SI-ZIP TITLE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filips 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. bril 26/67 SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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