

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

DOCUMENT # P04000036064

1. Entity Name
WINJEY CONSTRUCTION, INC.



07-15-2005 90025 001 ***550.00
07-15-2005 90025 002 *****8.75

66024660



Principal Place of Business
510 NE 177TH STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
510 NE 177TH STREET
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business
2959 NW 27 St Bldg 12

3. Mailing Address
2959 NW 27 St Bldg 12

Suite, Apt. #, etc.
Oakland Park, FL

Suite, Apt. #, etc.
Oakland Park, FL

City & State

City & State

Zip
33311

Country
U.S.A.

Zip
33311

Country
U.S.A.

05252005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0841238

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINIQUE, JERRY
510 NE 177TH STREET
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Jerry Dominique President 7/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	DP DOMINIQUE, JERRY 510 NE 177TH STREET NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHARLES, WINDSOR JEAN 1070 SW 46TH AVENUE POMPANO BEACH, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DELVA, JOELLE PO BOX 667253 POMPANO BEACH, FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CELESTIN, JEAN 12725 NW 15TH AVENUE MIAMI, FL 33167	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CHERICLET, NECKER 1769 NE 168TH STREET NORTH MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry Dominique 7/11/05
Signature, typed or printed name of signing officer or director Date Daytime Phone #