

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90057 030 ***158.75

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1. Entity Name
LAW OFFICE J & S CONSULTING INC.



Principal Place of Business
**300 71ST STREET
MIAMI BEACH, FL 33141**

Mailing Address
**PO BOX 13068
MIAMI, FL 33101**

40038633



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 13068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

04182007

Chg-P

CR2E034 (12/06)

City & State

City & State

FL

4. FEI Number

20-2204574

Applied For

Not Applicable

Zip

Country

Zip

Country

33101-9998

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**J & S LAW OFFICE
300 71ST STREET
SUITE 307
MIAMI BEACH, FL 33141**

Name **J & S LAW OFFICE**

Street Address (P.O. Box Number is Not Acceptable)

300-71st St. No 307

City **MIAMI BEACH**

FL

Zip Code **33141**

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 reinstating)

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 **PD** ☐ Delete
NAME **GARCIA, JAY DR**
STREET ADDRESS **210 71 STREET SUITE #311**
CITY-ST-ZIP **MIAMI, FL 33141**

TITLE **VPD** ☐ Delete
NAME **FRANCO, JULIO CESAR**
STREET ADDRESS **210 71 STREET SUITE #311**
CITY-ST-ZIP **MIAMI, FL 33141**

TITLE **TD** ☐ Delete
NAME **SANTOS, CAROLINA**
STREET ADDRESS **210 71 STREET SUITE #311**
CITY-ST-ZIP **MIAMI, FL 33141**

TITLE **SD** ☐ Delete
NAME **SANTOS, ADRIANA**
STREET ADDRESS **210 71 STREET SUITE #311**
CITY-ST-ZIP **MIAMI, FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04/30/2007
Date

Daytime Phone #