

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90053 043 \*\*\*150.00

**DOCUMENT # P04000084537**

1. Entity Name  
JSO INVESTMENT ENTERPRISES CORP.



Principal Place of Business

1055 NW 4 ST #2  
MIAMI, FL 33128

Mailing Address

1055 NW 4 ST #2  
MIAMI, FL 33128

40041007



03012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1183435

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PORTILLO, JUAN C  
1055 NW 4 ST #2  
MIAMI, FL 33128

**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

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PORTILLO, JUAN C
STREET ADDRESS	851 SW 4 ST
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	V
NAME	ROQUE, ORLANDO
STREET ADDRESS	1055 NW 4 ST #2
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	T
NAME	PORTILLO, SALVADOR
STREET ADDRESS	1055 NW 4 ST #2
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

Date

Daytime Phone #