## 2006 FOR PROFIT CORPORATION

## Feb 17, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000137141** 02-17-2006 90078 026 \*\*\*150 00 JHR IMPORT & EXPORT, CORP. Principal Place of Business Mailing Address 60018151 6955 N.W. 52 STREET- SUITE 102 6955 N.W. 52 STREET- SUITE 102 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address 7360 CORAL WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) #21 Applied For City & State City & State 4. FEI Number MIAMI FL 20-1729665 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33155 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 6955 N.W. 52 STREET- SUITE 102 MIAMI, FL 33166 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition □ Delete NAME HERNANDEZ, JUAN D NAME STREET ADDRESS 6955 N.W. 52 STREET- SUITE 102 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE HERNANDEZ, EDGARDO D NAME NAME 6955 N.W. 52 STREET- SUITE 102 STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CUY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME HERNANDEZ, ERNESTO D NAME 6955 N.W. 52 STREET- SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

**FILED** 

Daytime Phone #