

2006 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-16-2006 90058 007 ***150.00

DOCUMENT # P05000003648 1. Entity Name J.R. CHACON BRICK INC.					
Principal Place of Business 1318 NW 2ND STREET SUITE 5 MIAMI FL 33125			Mailing Address 1318 NW 2ND STREET SUITE 5 MIAMI FL 33125		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-2100870</div> <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent CHACON, ELDER 1318 NW 2ND STREET SUITE 5 MIAMI FL 33125			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete CHACON, JAIRON 1318 NW 2ND STREET SUITE #5 MIAMI FL 33125		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME	CHACON, JAIRON		NAME	_____	
STREET ADDRESS	1318 NW 2ND STREET SUITE #5		STREET ADDRESS	_____	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	_____	
TITLE	T <input type="checkbox"/> Delete CHACON, OSMAR 1318 NW 2ND STREET SUITE #5 MIAMI FL 33125		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME	CHACON, OSMAR		NAME	_____	
STREET ADDRESS	1318 NW 2ND STREET SUITE #5		STREET ADDRESS	_____	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	_____	
TITLE	VD <input type="checkbox"/> Delete CHACON, MARIO 1318 NW 2ND STREET SUITE #5 MIAMI FL 33125		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME	CHACON, MARIO		NAME	_____	
STREET ADDRESS	1318 NW 2ND STREET SUITE #5		STREET ADDRESS	_____	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	_____	
TITLE	_____ <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME	_____		NAME	_____	
STREET ADDRESS	_____		STREET ADDRESS	_____	
CITY-ST-ZIP	_____		CITY-ST-ZIP	_____	
TITLE	_____ <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME	_____		NAME	_____	
STREET ADDRESS	_____		STREET ADDRESS	_____	
CITY-ST-ZIP	_____		CITY-ST-ZIP	_____	
TITLE	_____ <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME	_____		NAME	_____	
STREET ADDRESS	_____		STREET ADDRESS	_____	
CITY-ST-ZIP	_____		CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			<div style="font-size: 1.2em; font-family: cursive;">02-06-2006 305 9158239</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Daytime Phone </div>		



ATTACHMENT

66004847

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

J.R. CHACON BRICK INC.
1318 NW 2ND STREET
SUITE 5
MIAMI, FL 33125

Subject: **J.R. CHACON BRICK INC.**

Reference Number: **P05000003648**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION