

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-19-2008 90003 007 ***150.00

FR05000004701
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 18 AM 8:19

DOCUMENT # P05000004701	
1. Entity Name JUAN T. SANCHEZ, INC.	

Principal Place of Business 6901 EDGEWATER DRIVE, SUITE 314 CORAL GABLES FL 33133	Mailing Address 6901 EDGEWATER DRIVE, SUITE 314 CORAL GABLES FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2165354	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANCHEZ, JUAN T 6901 EDGEWATER DRIVE, SUITE 314 CORAL GABLES FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent and state of principal office. (NOTE: Registered Agent signature required when new state is)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	<i>didn't received notice to file annual report.</i>	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SANCHEZ, JUAN TOMAS 6901 EDGEWATER DRIVE, SUITE 314 CORAL GABLES FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400139228404 12/23/08--01013--013 ***400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT
2008

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 law empowered.

SIGNATURE: *[Signature]* **305663-9266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR