2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

## May 31, 2006 8:00 am Secretary of State **DOCUMENT # P05000035568** 03-28-2006 90119 049 \*\*\*100.00 JEFRJO INCORPORATED 05-31-2006 90010 003 \*\*\*\*50.00 Principal Place of Business Mailing Address 5620 SW 199 AVE PEMBROKE PINES FL 33332 5620 SW 199 AVE PEMBROKE PINES FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-5 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, MARLENE T Street Address (P.O. Box Number is Not Acceptable) 5620 SW 199 AVE PEMBROKE PINES FL 33332 City Zip Code 8. The above pamed 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 NA Signature, typed or priced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition NAME HERNANDEZ, MARLENE T NAME STREET ADORESS 5620 SW 199 AVE STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33332 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITI F ☐ Change Addition MAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-70P TITLE ☐ Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Ociete TITLE ☐ Change ☐ 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 proof 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 truetee 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 a address, with all other like empowered. SIGNATURE:

**FILED** 



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 30, 2006

JEFRJO INCORPORATED 5620 SW 199 AVE PEMBROKE PINES, FL 33332 US

Subject: JEFRJO INCORPORATED

Reference Number: '\

P05000035568

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF 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.

/MH

ANNUAL REPORTS SECTION

Whom it may cencern,

My records indicate ch # 1028was written for \$15000 - poud to

the order of FL bept of State... I

can sending the \$5000 request

to avoid penallies, Please double

P.O. BOX 6327 - Tallahassee, Florida 32314 Chech your amount.