


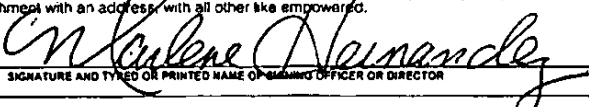
2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90003-032-\$150.00-\$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000035568			
1. Entity Name JEFRJO INCORPORATED			
Principal Place of Business 5620 SW 199 AVE PEMBROKE PINES, FL 33332 US		Mailing Address 5620 SW 199 AVE PEMBROKE PINES, FL 33332 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, MARLENE T 5620 SW 199 AVE PEMBROKE PINES, FL 33332		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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees September 14, 2007	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, MARLENE T 5620 SW 199 AVE PEMBROKE PINES, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 9/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

August 1, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

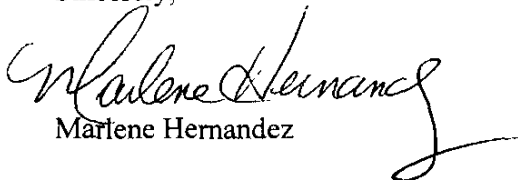
To Whom It May Concern:

I am enclosing the Annual Report fees for JEFRO Incorporated, I.D. #202451818 and Advanced Planning and Finances Inc. I.D. #204744130. I have not received notice from your department and my accountant recommended I submit the payment anyway.

Our neighborhood, "Durango Estates", located in Pembroke Pine has been experiencing a wave of vandalism. We have had our cars broken into, our mailboxes and even some homes. I personally had my mailbox destroyed and its contents stolen.

Please let me know if I have met the necessary requirements. Thank you in advance for your assistance with this matter.

Sincerely,


Martene Hernandez