

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048981

FILED  
Sep 04, 2009  
Secretary of State

Entity Name: JTWE MCKIERNAN CORPORATION

**Current Principal Place of Business:**

10799 SW 46 STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

10799 SW 46 STREET  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 20-2640824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALO, MARIA L  
6267 SW 40 STREET  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MCKIERNAN, JUANA  
Address: 10799 SW 46 STREET  
City-St-Zip: MIAMI, FL 331653848

Title: VTD ( ) Delete  
Name: MCKIERNAN, THOMAS  
Address: 10799 SW 46 STREET  
City-St-Zip: MIAMI, FL 331653848

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA MCKIERNAN

PD

09/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date