

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078838

FILED
Jun 30, 2006
Secretary of State

Entity Name: JIMENEZ BROTHERS METAL FRAMING INC.

Current Principal Place of Business:

610 HUGHIE ST
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

PO BOX 1314
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 20-2921295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, ABEL
610 HUGHIE ST
MASCOTTE, FL FL 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: P () Delete
Name: JIMENEZ, ABEL
Address: 610 HUGHIE ST
City-St-Zip: MASCOTTE, FL 34753

Title: V () Delete
Name: JIMENEZ, CESAR
Address: 610 HUGHIE ST
City-St-Zip: MASCOTTE, FL 34753

Title: D () Delete
Name: JIMENEZ, CYNTHIA
Address: 610 HUGHIE ST
City-St-Zip: MASCOTTE, FL 34753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: JIMENEZ, CYNTHIA
Address: 610 HUGHIE ST
City-St-Zip: MASCOTTE, FL 34753

Title: D (X) Change () Addition
Name: JIMENEZ, CESAR
Address: 610 HUGHIE ST
City-St-Zip: MASCOTTE, FL 34753

I hereby certify that the information supplied with this filing does not qualify for the 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: ABEL JIMENEZ

P

06/30/2006

Electronic Signature of Signing Officer or Director

Date