

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123666

Entity Name: J & W FONSECA SERVICES INC.

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

9450 LIVE OAK PLACE  
208  
DAVIE, FL 33324

**New Principal Place of Business:**

9450 LIVE OAK PLACE  
UNIT 208  
DAVIE, FL 33324

**Current Mailing Address:**

9450 LIVE OAK PLACE  
208  
DAVIE, FL 33324

**New Mailing Address:**

9450 LIVE OAK PLACE  
UNIT 208  
DAVIE, FL 33324

FEI Number: 55-0903232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EISEN, MICHAEL J  
1831 HWY A1A #3303  
INDIAN HAROUR BEACH, FL 32937 US

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

FONSECA, WANDY B  
9450 LIVE OAK PLACE  
UNIT 208  
DAVIE, FL 33324 US

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: WANDY B FONSECA

06/16/2009

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: FONSECA, JOAO C  
Address: 9450 LIVE OAK PLACE  
City-St-Zip: DAVIE, FL 33324

Title: V ( ) Delete  
Name: LOPEZ, WANDY B  
Address: 9450 LIVE OAK PLACE  
City-St-Zip: DAVIE, FL 33324

**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: JOAO C FONSECA

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date