

FILED
Aug 01, 2006 8:00 am
Secretary of State

05-02-2006 90429 043 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000155693

1. Entity Name
JG BUSINESS CONSULTING CORP



Principal Place of Business
1102 SW 149 PATH
MIAMI, FL 33194

Mailing Address
1102 SW 149 PATH
MIAMI, FL 33194

66022485



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

05-0629385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, JOHN
1102 SW 149 PATH
MIAMI, FL 33194

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

Signature of the current registered agent and its representative.

(NOTE: Registered Agent signature required when re-registering.)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2006 fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. ~~Remove~~ OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
JOHN GARCIA
1102 SW 149 PATH
MIAMI FL 33194

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE (Print)

04-28-06