2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

			7 Secretary of State		
DOCUMENT # P06000038611 1. Entity Name JUBENCIO AND SON CONSTRUCTIONS INC			05-01-2008 90217 045 ***150.00		
Principal Place of Business Mailing Address			400		
6309 MT PLYMOUTH RD Apopka, Fl 32712	6309 MT PLYMOUTH RI APOPKA, FL 32712				
Principal Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, 6			04282008 Chg-P CR2E034 (12/06)		
City & State	City & State		4. FEI Number Applied 20-4532920 Not Applied	plicable	
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	al	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
		Name	Name		
BLANCO, LUIS 385 E MAIN ST APOPKA, FL 32703		Street Addres	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
TITLE P	☐ Delete	TITLE	☐ Change ☐	Addition	
NAME HERNANDEZ, JUBENCIO NA		NAME			
STREET ADDRESS 6309 MT PLYMOUTH RD .: ST		STREET ADDRESS			
CITY-ST-ZIP APOPKA, FL 32712 CITY		CITY-ST-ZIP			
TITLE VP	☐ Delete	TITLE	☐ Change ☐	Addition :	
NAME HERNANDEZ, JOSÉ L	4	NAME			
STREET ADDRESS 6309 MT PLYMOUTH RD		STREET ADDRESS		i	
CITY-ST-ZIP APOPKA, FL 32712		CITY-ST-ZIP			
TITLE	Delete	INTLE		J-Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Delete	TITLE	☐ Change ☐	Addition	
NAME		NAME			
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NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip			
	Detete	TITLE	☐ Change ☐	Addition	
TITLE NAME	□ Delete	NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
	with this filling class and qualify fo	- the everyations social	and in Chapter 119. Florida Statutos, Lhuther continuthet the inform	nation	

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 logal 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

Tuberra Hommo 102

4/28/08

Daytime Phone #