FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90216 027 ***150.00

ANNUAL REPORT	
DOCUMENT # P0600040369 1. Entity Name J & B CONSTRUCTION OF MIAMI INC	Ì
3 & B CONSTRUCTION OF MILAMITING	ļ

400000-Principal Place of Business Mailing Address 373 EAST 51 STREET 373 EAST 51 STREET HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 04112007 CR2E034 (12/06) City & State Applied For - FlueDG Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYALA, JOSE Street Address (P.O. Box Number is Not Acceptable) 373 EAST 51 STREET HIALEAH, FL 33013 Zip Code FL 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 4-25-07 SIGNATURE. printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE AYALA, JOSE STREET ADDRESS 373 EAST 51 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Сћапое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition