

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08242007 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MARLENE T
2833 EXECUTIVE PARK DR
500
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name **CARLOS RANCANO**
Street Address (P.O. Box Number is Not Acceptable)
2833 EXECUTIVE PARK DR #500
City **WESTON** FL Zip Code **33331**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/19/07

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	HERNANDEZ, MARLENE T	2833 EXECUTIVE PARK DR SUITE 500	WESTON, FL 33331	<input checked="" type="checkbox"/>
P	CARLOS RANCANO	2833 EXECUTIVE PARK DR #500	WESTON FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/07 (786) 287-3524

August 1, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

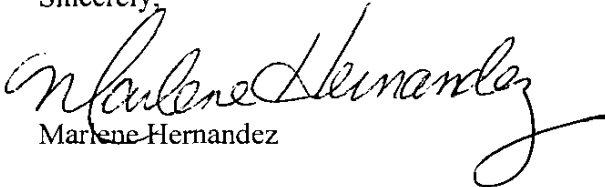
To Whom It May Concern:

I am enclosing the Annual Report fees for JEFRJO Incorporated, I.D. #202451818 and Advanced Planning and Finances Inc. I.D. #204744130. I have not received notice from your department and my accountant recommended I submit the payment anyway.

Our neighborhood, "Durango Estates", located in Pembroke Pine has been experiencing a wave of vandalism. We have had our cars broken into, our mailboxes and even some homes. I personally had my mailbox destroyed and its contents stolen.

Please let me know if I have met all the requirements. Thank you in advance for your assistance in this matter.

Sincerely,


Marlene Hernandez