

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90012 022 ***550.00

DOCUMENT # P06000068286

1. Entity Name

CONSUJARA, P.A.



Principal Place of Business

P.O. BOX 832249
MIAMI FL 33283

Mailing Address

P.O. BOX 832249
MIAMI FL 33283

2. Principal Place of Business - No P.O. Box #

3444 SW 147 PL

3. Mailing Address

P.O. BOX 832249

Suite, Apt. #, etc.

Miami - Fla. - 33185

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

33185

Country

FL

Zip

33283

Country

FL

2nd MOORE

CR2E034 (4/07)

4. FEI Number

20-4921244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARAMILLO, CONSUELO

2326 SW 156 CT.
MIAMI FL 33185

3444 SW 147 PL

Miami - FL. 33185

7. Name and Address of New Registered Agent

Name

Jaramillo Consuelo

Street Address (P.O. Box Number is Not Acceptable)

3444 SW 147 PL

City

Miami

FL

Zip Code

33185

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

Consuelo Jaramillo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/29/07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	JARAMILLO, CONSUELO	
STREET ADDRESS	P.O. BOX 832249	
CITY - ST - ZIP	MIAMI FL 33283	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	JARAMILLO, ANA MILENA	
STREET ADDRESS	P.O. BOX 832249	
CITY - ST - ZIP	MIAMI FL 33283	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Consuelo Jaramillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/07 (786) 208 5365

Date

Daytime Phone #