

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000132854

1. Entity Name

N & J MANAGEMENT GROUP, INC



Principal Place of Business

10160 NW 130 ST
HIALEAH GARDENS, FL
33018

Mailing Address

10160 NW 130 ST
HIALEAH GARDENS, FL
33018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 25 PM 4:41

000182679970
06/28/10--01048--002 **150.00



000182679970
08/25/10--01028--007 **400.00

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1714 603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANCY GONZALEZ
10160 NW 130 ST
HIALEAH GARDENS, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! FEE IS \$150.00
After May 1, 2010 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME Nancy Gonzalez
STREET ADDRESS 10160 NW 130 St
CITY-ST-ZIP Hialeah Gardens, Fl 33018

TITLE V
NAME Jorge L. Gonzalez
STREET ADDRESS 10160 NW 130 St
CITY-ST-ZIP Hialeah Gardens, Fl 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6/18/10

Date

305-2985504

Daytime Phone #