

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90033 008 ***158.75

DOCUMENT # P07000034770

1. Entity Name

JUAN COMAS, INC



Principal Place of Business

4771 SW 43TH TERRACE
DAVIE FL 33314
US

Mailing Address

4771 SW 43TH TERRACE
DAVIE FL 33314
US



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

4775 SW 43TH TERRACE

3. Mailing Address

4775 SW 43 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMAS, JUAN
4771 SW 43TH TERRACE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name COMAS JUAN

Street Address (P.O. Box Number is Not Acceptable)
4775 SW 43TH TERRACE

DAVIE

FL

Zip Code

33314

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COMAS, JUAN	
STREET ADDRESS	4771 SW 43TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABASTO, ROSA	
STREET ADDRESS	4771 SW 43TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33313	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	COMAS, MARIA E	
STREET ADDRESS	4771 SW 43TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
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
NAME	
STREET ADDRESS	
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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 Section 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:

Juan H Comas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/08

954 288 4061

Date

Daytime Phone #