
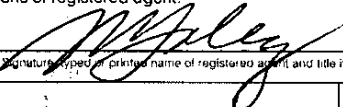
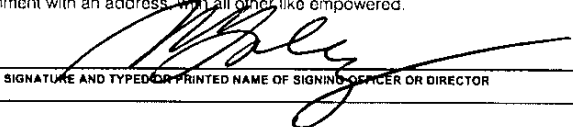


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90095 048 ***158.75

DOCUMENT # P07000065063 1. Entity Name JGR CONSTRUCTION AND REMODELING, INC.					
Principal Place of Business 12607 NE 13TH AVE SUITE 7 NORTH MIAMI, FL 33161			Mailing Address 12607 NE 13TH AVE SUITE 7 NORTH MIAMI, FL 33161		
2. Principal Place of Business - No P.O. Box # 1469 SW 131 AVE		3. Mailing Address P.O. Box 941386			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 26-0289350	
Zip 33184		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33194		Country USA		6. Name and Address of Current Registered Agent GONZALEZ, JOSE B 12607 NE 13TH AVE SUITE 7 NORTH MIAMI, FL 33161	
7. Name and Address of New Registered Agent Name JOSE B. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1469 SW 131 AVE City MIAMI FL 33184					
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  DATE 4/22/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, JOSE B 12607 NE 13TH AVE, SUITE # 7 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GONZALEZ, JOSE B 12607 NE 13TH AVE, SUITE # 7 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CESAR KAWASHIRO 15550 SW 80 ST E-301 MIAMI FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS GONZALEZ, JOSE B 12607 NE 13TH AVE, SUITE # 7 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/22/08 786 866 8702 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					