

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am —
Secretary of State

05-16-2008 90016 022 ***150.00

DOCUMENT # P07000103339 1. Entity Name TJ73 CORPORATION					
Principal Place of Business 5009 SW 139 COURT MIAMI, FL 33175			Mailing Address 5009 SW 139 COURT MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ZARATE, JIM 5009 SW 139 COURT MIAMI, FL 33175				7. Name and Address of New Registered Agent ———— Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 ZARATE, JIM 5009 SW 139 COURT MIAMI, FL 33175 <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	V TRUJILLO, OMAR 5009 SW 139 COURT MIAMI, FL 33175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			5-12-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40103029



05122008 Chg-P CR2E034 (12/06)

4. FEI Number **06-1825169** Applied For Not Applicable

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