2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024658

Entity Name: JUAN & SON, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	INON LAKES C E, FL 34743	CT. US		1409 NE OL DELTONA,	D MILL DR. FL 32725	US	
Current Mailing Address:				New Mailing Address:			
	INON LAKES C E, FL 34743	CT. US		1409 NE OL DELTONA,	LD MILL DR. FL 32725	US	
FEI Number:	26-2143570	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certifica	ate of Status Desired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SOTERO, JUAN 2020 SHANNON LAKES CT. KISSIMMEE, FL 34743 US				SOTERO, JUAN 1409 OLD MILL DR DELTONA, FL 32725 US			
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.							
SIGNATUR	E:					C)4/27/2009
	Electronic	Signature of Registered Agent					Date
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name:	SOTERO, JUAN 2020 SHANNON KISSIMMEE, FL			Title: Name: Address: City-St-Zip: Title: Name:	SOTERO, JUAN 1409 NE OLD N DELTONA, FL P () SOTERO, JUAN	N VIILL DR 32725 US) Change N	() Addition (X) Addition
Address: City-St-Zip:				Address: City-St-Zip:	1409 NE OLD I DELTONA, FL		
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	P () SOTERO, JUAN 1409 NE OLD N DELTONA, FL	N MILL DR	(X) Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	P () SOTERO, JUAN 1409 NE OLD N DELTONA, FL	N MILL DR	(X) Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	P () SOTERO, JUAN 1409 NE OLD N DELTONA, FL	N MILL DR	(X) Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	P () SOTERO, JUAN 1409 NE OLD N DELTONA, FL	N MILL DR	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN SOTERO P 04/27/2009