

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P94000057802

1. Entity Name

J. KERN INTERIOR REMODELING, INC.



Principal Place of Business

21232 HARBOR WAY
#261
AVENTURA FL 33180

Mailing Address

21232 HARBOR WAY
#261
AVENTURA FL 33180



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0550558**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEROME KERN
21232 HARBOR WAY
UNIT 261
MIAMI FL 33180

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent is required when forming a...

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KERN, JEROME	
STREET ADDRESS	21232 HARBOR WAY	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KERN, BARBARA S	
STREET ADDRESS	21232 HARBOR WAY	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UN00000387744
04/21/08-80032-016 150.00

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:

Jern Jerome Kern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08 305.335-1100

Date

Daytime Phone #