

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000005715

1. Entity Name
J.R. CONSULTING, INC.



Principal Place of Business
6800 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014 US

Mailing Address
C/O HARRY BENDER
5915 PONCE DE LEON BLVD., STE 60
CORAL GABLES, FL 33146 US



DO NOT WRITE IN THIS SPACE

02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0560757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENDER, HARRY K ESQ.
5915 PONCE DE LEON BLVD. STE. 60
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASAGRANDE, JACK R
STREET ADDRESS	5915 PONCE DE LEON BLVD. STE. 60
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	STD
NAME	CASAGRANDE, JACK R
STREET ADDRESS	5915 PONCE DE LEON BLVD. STE. 60
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	CASAGRANDE, ANNA C
STREET ADDRESS	5915 PONCE DE LEON BLVD., STE 60
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000848268
03/21/08-80013-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08

Date

Daytime Phone #