


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90001 023 \*\*\*150.00

<b>DOCUMENT # P95000013350</b>	
1. Entity Name J.R.H. GENERAL SERVICES, CORP.	

Principal Place of Business 15420 SW 136 ST #36 MIAMI, FL 33196 US	Mailing Address 15420 SW 136 ST #36 MIAMI, FL 33196 US
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60046778



2. Principal Place of Business - No P.O. Box # 15420 SW 136 ST Suite, Apt. #, etc. 36	3. Mailing Address 15420 SW 136 ST Suite, Apt. #, etc. 36
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08132008 Chg-P CR2E034 (12/06)

City & State MIAMI FL	City & State MIAMI FL
Zip 33196	Country US
Zip 33196	Country US

4. FEI Number 65-0559518	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PEREZ, FABIAN 18005 SW 154 PL MIAMI, FL 33187	
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7. Name and Address of New Registered Agent Name PEREZ FABIAN Street Address (P.O. Box Number is Not Acceptable) 15420 SW 136 ST #36 City MIAMI FL Zip Code 33196	
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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 <u>FABIAN PEREZ PD</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, FABIAN 18005 SW 154 PL. MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ FABIAN 15420 SW 136 ST #36 MIAMI FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERER, MAURICE E 18005 SW 154 PL. MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERER MAURICE E 15420 SW 136 ST #36 MIAMI FL 33196 <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
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: <u>FABIAN PEREZ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/25/08 Date	(305) 254-5550 Daytime Phone #
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