

2069

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -1 AM 7:47

DOCUMENT # P97000068526
1. Entity Name O.J.F. Services, Inc.

DO NOT WRITE IN THIS SPACE

900155101199  
05/01/09--01044--013 \*\*150.00

2. Principal Place of Business 14707 So. Dixie Hwy. Suite, Apt. #, etc. Suite 212 City & State Palmetto Bay, FL Zip 33176-7951	Country USA	3. Mailing Address 13727 S.W. 152nd St. Suite, Apt. #, etc. PMB 354 City & State Miami, FL Zip 33177-1106	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0772445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Fiol, Octavio J.  
Street Address (P.O. Box Number is Not Acceptable)  
14707 So. Dixie Hwy.  
Suite 212  
City  
Palmetto Bay FL Zip Code  
33176

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Fiol, Octavio J. 14707 So. Dixie Hwy., Suite 212 Palmetto Bay, FL 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-09

Date

786-293-5750

Daytime Phone #