2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000072367

1. Entity Name
J.F. AMOCO, INC.

Principal Place of Business	Mailing Address
26398 SOUTH DIXIE HWY	2990 N.W. 24 ST.
HOMESTEAD, FL 33032	MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

66000627

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
65-0807096		Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN ESQ
1 S.E. 3RD AVE
STE 960
MIAMI, FL 33131

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
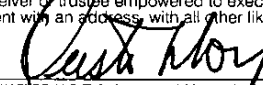**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	DS
NAME	FLORES, JUAN ALBERTO
STREET ADDRESS	2990 NORTHWEST 24TH STREET
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   01·21·07   (305) 634-6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #