

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000021145**

1. Entity Name  
**J & J X-CAVATING INC.**



Principal Place of Business  
**5265 BUCHANAN RD  
DELRAY BEACH, FL 33484**

Mailing Address  
**5265 BUCHANAN RD  
DELRAY BEACH, FL 33484**



07042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>65-0830703</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**RAY, JACKIE  
5265 BUCHANAN ROAD  
DELRAY BEACH, FL 33484**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>D</b>                      |
| NAME           | <b>RAY, JACKIE</b>            |
| STREET ADDRESS | <b>5265 BUCHANAN ROAD</b>     |
| CITY-ST-ZIP    | <b>DELRAY BEACH, FL 33484</b> |
| TITLE          | <b>VP</b>                     |
| NAME           | <b>CASTILLO, JOSE</b>         |
| STREET ADDRESS | <b>5265 BUCHANAN RD</b>       |
| CITY-ST-ZIP    | <b>DELRAY BEACH, FL 33484</b> |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

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08/14/06-80009-013 550.00

**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

**8-10-06**

Date

Daytime Phone #