2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
03-08-2005 90182 016 ***100.00
04-11-2005 90171 045 ****50.00

DOCUMENT # P98000081443

1. Entity Name
J. JIRE CONSTRUCTION CORP.

50035506

Principal Place of Business	Mailing Address
3660 NW 41 ST MIAMI, FL 33142	3660 NW 41 ST MIAMI, FL 33142

02152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13751 SW 143RD CT.	13751 SW 143RD CT.
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33186 Country: US	Zip: 33186 Country: US

4. FEI Number: 65-0865480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARBA, ARMANDO
11133 SW 145TH AVE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBA, ARMANDO 11133 SW 145TH AVE MIAMI, FL 33186	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARBA, NATIVIDAD 11133 SW 145TH AVE MIAMI, FL 33186	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BARBA, ARMANDO J 14621 SW 110TH TERR MIAMI, FL 33186	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Armando Barba ARMANDO BARBA 03-04-05 (786) 573-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #