

2005 FOR PROFIT CORPORATION
— ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000102645

1. Entity Name
JUNIOR INVESTMENT CORP.



Principal Place of Business
13000 S.W. 120 STREET
MIAMI, FL 33186

Mailing Address
13000 S.W. 120 STREET
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

% F 5 4 , , , - , . 2 0 1 F &

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0880831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FROYO, ANTONIO
13000 S.W. 120 ST.
MIAMI, FL 33186

**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 _____

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

1000000219429
02/08/05-80027-012 158 75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARI, GIANNI 13000 S.W. 120 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARI, JUNIO V 13000 S.W. 120 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARI, MARIA L 13000 S.W. 120 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FROYO, ANTONIO 13000 SW 120TH ST. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: _____ **02/02/05 305-232-1032**

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