


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90159 075 *****8.75

04-14-1999 90159 076 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000104440 1. Corporation Name FGJ TREJO ENTERPRISES, INC.					
Principal Place of Business 2955 NE 7 AVE., #26 MIAMI FL 33137 2081 N.E. 183 STREET NORTH MIAMI BEACH 33179		Mailing Address 2955 NE 7 AVE., #26 MIAMI FL 33137 2081 N.E. 183 STREET NORTH MIAMI BEACH 33179			
2. Principal Place of Business 21 SAME 2081 N.E. 183 STREET Suite, Apt. #, etc. 22 City & State MIAMI, FL NORTH MIAMI BEACH Zip 33179 Country N.		2a. Mailing Address 2081 N.E. 183 ST. 26 SAME Suite, Apt. #, etc. 27 City & State MIAMI, FL NORTH MIAMI BEACH Zip 33179 Country NMB		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1998 4. FEI Number 65-0880343 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent TREJO, FELIX 2955 NE 7 AVE., #26 MIAMI FL 33137 2081 N.E. 183 STREET NORTH MIAMI BEACH 33179			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME DP STREET ADDRESS TREJO, FELIX CITY-ST-ZIP 2955 NE 7 AVE., #26 MIAMI FL 33137 2081 N.E. 183 STREET N.M.B. MIAMI FL. 33137			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03-10-99

305-573-2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)