

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000062336

**Entity Name:** STRONG SHIELD JF SERVICES INC.

**Current Principal Place of Business:**

778 SW MUNJACK CIRCLE  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

778 SW MUNJACK CIRCLE  
PORT SAINT LUCIE, FL 34986

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JULIATTO, JOHNY  
778 SW MUNJACK CIRCLE  
PORT SAINT LUCIE, FL 34986 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            JULIATTO, JOHNY  
Address        778 SW MUNJACK CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            VP  
Name            JULIATTO, FABIANA  
Address        778 SW MUNJACK CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title            VP  
Name            GALAGAN, LUIZ FABIANO  
Address        1943 SW BEARD ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            VP  
Name            GALAGAN, ANALIZ  
Address        1943 SW BEARD ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHNY R JULIATTO

**MR**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date