


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 848167

1. Entity Name
S.E. JAIMES INGENIEROS ASOCIADOS COMPANIA ANONIMA



Principal Place of Business Mailing Address

**AV ANDRES BELLO, ED FL PALACE PISOF -7
P.O. BOX 80260
CARACAS, VENZUELA 1080,**

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P.O. BOX 80260
CARACAS, VENZUELA 1080,**



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTRO, CARLOS A. E
C/O DIANA SALUDES
2 SOUTH BISCAYNE BLVD., 30TH FLOOR
MIAMI, FL 33131**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JAIMES, SIMON EDUARDO
STREET ADDRESS	FLA.PALACE BLDG, 2ND FL.
CITY - ST - ZIP	CARACAS, VENEZUELA,
TITLE	V
NAME	JAIMES, LIGIA BONILLA
STREET ADDRESS	FLA.PALACE BLDG, 2ND FL.
CITY - ST - ZIP	CARACAS, VENEZUELA,
TITLE	V
NAME	JAIMES, SHIRLEY
STREET ADDRESS	AV ANDRES BELLO, ED. FLORIDA PALACE
CITY - ST - ZIP	CARACAS, VE
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000003472697
03/30/06-80003-018 150.00

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: _____ **3-16-06** **305-530-4203**

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