

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

DOCUMENT # P06000136262

JAKER REMODELATION INC.



04-12-2007 90039 029 ***150.00

1. Mailing Address
 5595 W 14 LN
 HIALEAH, FL 33012

40058390



2. No P.O. Box #
 3. Mailing Address
 Suite, Apt #, etc

04072007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-5780354

Application Fee Required

5. Certificate of Status Des rec
 Country Zip Country

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROJAS ROBERTO
 5595 W 14 LN
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Accepted)
 City FL Zip Code

8. I, the undersigned, hereby submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the provisions of Chapter 607, Florida Statutes, regarding the filing of this statement.

SIGNATURE OF REGISTERED AGENT (NOTE: Registered Agent signature required after filing)

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

10. OFFICERS AND DIRECTORS

P VP	<input type="checkbox"/> Delete
ROJAS ROBERTO	
5595 W 14 LN	
HIALEAH FL 33012	
S	<input type="checkbox"/> Delete
ROJAS ROBERTO	
5595 W 14 LN	
HIALEAH FL 33012	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I, the undersigned, 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 in this supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director, officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Elic 10.01 of the Florida Statutes. I am filing this report with an address, with all other like empowered

SIGNATURE: *Robert Rojas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07 (305)790-4900
 Date