



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90418 036 \*\*\*150.00

<b>DOCUMENT # 612130</b> 1. Entity Name <b>JORME CORPORATION</b>					
Principal Place of Business <b>351 NW LEJEUNE ROAD #600 MIAMI, FL 33134</b>			Mailing Address <b>351 NW LEJEUNE ROAD STE 600 MIAMI, FL 33126 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1948443</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURGER, ALAN M ESQ BURGER &amp; TRAILOR, PA 8603 S DIXIE HWY, #303 MIAMI, FL 33143</b>				7. Name and Address of New Registered Agent Name <b>Burger, Alan M. Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Burger, Farmer &amp; Cohen, PL</b> <b>1601 Forum Place, Suite 404</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SOLORZANO, MADELAINE</b> <b>351 NW LEJEUNE RD, #600</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>NIN, FREDERICK L</b> <b>351 NW LEJEUNE RD, #600</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SANCHEZ-MEDINA, ROLAND JR</b> <b>644 ZAMORA AVE</b> <b>CORAL GABLES, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <b>4/12/06 (305) 643-5040</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span> <b>Frederick L. Nin</b>					