

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90260 014 \*\*\*150.00

**DOCUMENT # F38667**

1. Entity Name  
**J E R M H CORPORATION**



Principal Place of Business

8518 SW 8TH ST  
 SUITE 1340  
 MIAMI, FL 33144

Mailing Address

11486 SW 75TH TERRACE  
 MIAMI, FL 33173

**20001337**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**9140 SW 80 AVE.**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

Zip  
**33154**

Country  
**USA**

01062006 Chg-P CR2E034 (11/05)

4. FEI Number

**59-2134635**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ROBERTO I.  
 11486 SW 75 TERR  
 MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name **- SAME -**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9140 SW 80 AVE**  
 City **MIAMI** FL Zip Code **33154**

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

Signature and/or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-6-06**

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 | NAME                  | STREET ADDRESS   | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|-----------------------|------------------|------------------|---------------------------------|
| P     | FERNANDEZ, ROBERTO I. | 11486 SW 75 TERR | MIAMI, FL 33173. | <input type="checkbox"/>        |
|       |                       |                  |                  | <input type="checkbox"/>        |
|       |                       |                  |                  | <input type="checkbox"/>        |
|       |                       |                  |                  | <input type="checkbox"/>        |
|       |                       |                  |                  | <input type="checkbox"/>        |
|       |                       |                  |                  | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS         | CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------|-----------------------|--|-----------------------------------|
|       |      | <b>9140 SW 80 AVE.</b> | <b>MIAMI FL 33154</b> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                        |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                        |                       | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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 empowerer.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-06**

Date

**305-305-3905**

Daytime Phone #