

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90258 030 \*\*\*150.00

**DOCUMENT # F99000002809**

1. Entity Name

**JADEMAR CORPORATION**



Principal Place of Business

**3200 NW 112TH AVENUE  
MIAMI FL 33172  
2023 NW 84TH AVENUE  
MIAMI, FL 33122**

Mailing Address

**3200 NW 112TH AVENUE  
SUITE 3  
MIAMI FL 33172  
2023 NW 84TH AVENUE  
MIAMI, FL 33122**

2. Principal Place of Business

**2023 NW 84TH AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**2023 NW 84TH AVENUE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33122**

Country

**USA**

Zip

**33122**

Country

**USA**

4. FEI Number

**22-1615895-**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DEMARTINO, JOSEPH A JR.  
3200 NW 112TH AVENUE  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **DE MARTINO, JOSEPH A. JR**

Street Address (P.O. Box Number is Not Acceptable)  
**2023 NW 84TH AVENUE**

City **MIAMI**

**FL**

Zip Code **33122**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**JOSEPH DE MARTINO, JR. PRESIDENT 3/17/06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEMARTINO, JOSEPH A JR.</b>	
STREET ADDRESS	<b>6862 NW 108TH AVENUE</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DEMARTINO, GARY B</b>	
STREET ADDRESS	<b>10464 NW 59TH PL</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH DE MARTINO, JR.**

**3/17/06**

Date

**305 640-0465**

Daytime Phone #