## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # G45973** 

1. Entity Name JEMAJO CORPORATION



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

2200 SW 16TH ST STE 214 MIAMI, FL 33145

Mailing Address

2200 SW 16TH ST STE 214 MIAMI, FL 33145



04252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2301727

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, FELIX J. 2200 S.W. 16 STREET #214 DO NOT WRITE

IVIIAIVII, FL	33143			IN.	THIS SPA	<b>\CE</b>	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing	its registered office or	registered agent, or bo	oth, in the State of Floric	da. I am familiar with, ar	d accept
SIGNATURE_	Signature: typed or printed name of registered agent and little i	аррисерів. (N	IOTE: Registered Agent signatur	e required when reinstaling)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		5-11-12-15-15-1		Private Bank and Co.	e a mai
TITLE NAME STREET ADDRESS CITY-S1-ZiP	PSTD PEREZ, FELIX J. 2200 S.W. 16 STREET #214 MIAMI, FL 33145					**************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	The second secon		# 05/20/08-8		.00
NAME STREET ADDRESS CITY-ST-ZIP				Do	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in the second se				

12. I hereby certify that the information supplied with this filling 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 given like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKING OFFICER OR DIRECTOR

4-23-08

838-770