

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # J38926

1. Entity Name
JIMAE, INC.



Principal Place of Business

14701 SW 84 CT
MIAMI, FL 33158 US

Mailing Address

14701 SW 84 CT
MIAMI, FL 33158 US



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2732360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTSON, JIMAE T
14701 SW 84 CT
MIAMI, FL 33158

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBERTSON, JIMAE T.
STREET ADDRESS 14701 SW 84 CT
CITY-ST-ZIP MIAMI, FL

TITLE ST
NAME ROBERTSON, LAWRENCE F.
STREET ADDRESS 14701 SW 84 CT
CITY-ST-ZIP MIAMI, FL

TITLE VP
NAME FADEL, TERRY A.
STREET ADDRESS 6831 CONSTITUTION LN
CITY-ST-ZIP CHARLOTTE, NC 28210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000794782
01/28/08-80021-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/08 305-251-6044

12/17/08