

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90029 014 \*\*\*150.00

**DOCUMENT # M86036**

1. Entity Name

**JIM'S MANAGEMENT CORPORATION**



Principal Place of Business

8262 NW 58TH ST  
MIAMI FL 33166  
US

Mailing Address

5421 SW 15-4 CT  
MIAMI FL 33185  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0063962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RINCON, JAIME**

**5421 S.W. 154 CT**  
**MIAMI FL 33185**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	RINCON, EUGENIA	
STREET ADDRESS	5421 SW 154 COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RINCON, JAIME	
STREET ADDRESS	5421 S.W. 154 CT.	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CALERO, EDGAR	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORE, VICTOR	
STREET ADDRESS	8637 SW 137 AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ZULUAGA DE ARIAS, ILIANA	
STREET ADDRESS	8262 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33166	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATRIZ CALERO	
STREET ADDRESS	6908 VERONESE ST	
CITY-ST-ZIP	Miami, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJANDRO ARIAS	
STREET ADDRESS	770 Cloughton Island Drive #1915	
CITY-ST-ZIP	Miami, FL 33131	
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 exemption stated in Section 119.07(3)(i), 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

*Jaime Rincon* **JAIME RINCON**

Date

4-1-04 305 220 0343

Daytime Phone #