

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M86036

1. Entity Name

JIM'S MANAGEMENT CORPORATION

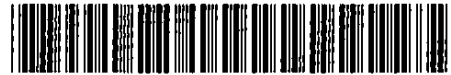


Principal Place of Business

**8262 NW 58TH ST
MIAMI FL 33166
US**

Mailing Address

**5421 SW 15-4 CT
MIAMI FL 33185
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

65-0063962

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2007 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 ☐ Delete
NAME RINCON, EUGENIA
STREET ADDRESS 5421 SW 154 COURT
CITY-ST-ZIP MIAMI FL 33185

TITLE VPSD ☐ Delete
NAME RINCON, JAIME
STREET ADDRESS 5421 S.W. 154 CT.
CITY-ST-ZIP MIAMI FL 33185

TITLE VPD ☐ Delete
NAME CALERO, BEATRIZ
STREET ADDRESS 6908 VERONEGE ST
CITY-ST-ZIP MIAMI FL 33146

TITLE VPD ☐ Delete
NAME MORE, VICTOR
STREET ADDRESS 8637 SW 137 AVENUE
CITY-ST-ZIP MIAMI FL 33183

TITLE VPD ☐ Delete
NAME ARIAS, ALEJHNDRO
STREET ADDRESS 770 CLAUGHTON ISLAND DRIVE #1915
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000708313
04/24/07-80109-010 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jaime Rincon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07
Date

305 220 0343
Daytime Phone #