

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90051 041 ***150.00

DOCUMENT # P00000054021

1. Entity Name

EXPORT/IMPORT JABRE, INC.



Principal Place of Business
848 CRESTVIEW CIRCLE
WESTON FL 33327

Mailing Address
848 CRESTVIEW CIRCLE
WESTON FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1013130

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

JARAMILLO, ROBERTO
748 VISTA MEADOWS DR.
WESTON FL 33327

Name Jaramillo, Roberto

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

848 Crestview Circle

Weston FL 33327

City

FL

Zip Code

33327

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JARAMILLO, ROBERTO
STREET ADDRESS 748 VISTA MEADOWS DR.
CITY-ST-ZIP WESTON FL 33327

TITLE P ☒ Change ☐ Addition
NAME Jaramillo, Roberto
STREET ADDRESS 848 Crestview Cir.
CITY-ST-ZIP Weston, FL 33327

TITLE D ☐ Delete
NAME BRETON, OLGA LUCIA
STREET ADDRESS 748 VISTA MEADOWS DR.
CITY-ST-ZIP WESTON FL 33327

TITLE D ☒ Change ☐ Addition
NAME Bretton, Olga Lucia
STREET ADDRESS 848 Crestview Cir
CITY-ST-ZIP Weston, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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 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

01-25-05

Date

954-349-4084

Daytime Phone #