

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90029 009 ***158.75

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1. Entity Name
JOGARTE, CORP.



Principal Place of Business
**888 BRICKELL KEY DRIVE
SUITE 412
MIAMI, FL 33131**

Mailing Address
**601 BRICKELL KEY DRIVE, #507
C/O IVAN A. GOMEZ
MIAMI, FL 33131**



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1070353

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GARCIA, TESSI J
STREET ADDRESS	888 BRICKELL KEY DRIVE, SUITE 412
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	GARCIA-ARGUELLES, JOSE I
STREET ADDRESS	888 BRICKELL KEY DR, STE 412
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Also known
as
Jose I. Arguelles*

**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 #

JOSE GARCIA-ARGUELLES, President

(305) 371-9213