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3054466180;

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FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90178 042 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000004091

1. Entry Name
JIMSI GROUP, INC.



Principal Place of Business
**901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1067681**

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

**ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

8. The above named entry 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 terminating)

DATE

9. Election Campaign Financing

\$5.00 May Be

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** Delete
NAME: **ELIPOPOULOS, GEORGES**
STREET ADDRESS: **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: Change Addition
NAME: *[Signature]*
STREET ADDRESS: *[Signature]*
CITY-ST-ZIP: *[Signature]*

TITLE: **D** Delete
NAME: **ELIPOPOULOS, GLADYS MORENO**
STREET ADDRESS: **901 PONCE DE LEON BLVD SUITE 603**
CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: Change Addition
NAME: *[Signature]*
STREET ADDRESS: *[Signature]*
CITY-ST-ZIP: *[Signature]*

TITLE: Delete
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TITLE: Change Addition
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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)(f), 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 addressee with all other the applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **09.18/2003**

DATE

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