2006 FOR PROFIT CORPORATION

TITLE NAME STREET ADDRESS CITY-ST-ZIP

J	ANNUAL	REPORT				FILED
DOCUMENT # P01000034016 1. Entity Name JIMENEZ DE PENA INC				May 01, 2006 08:00 A Secretary of State		
Principal Plac 8360 SW 8T MIAMI, FL 3		Mailing Address 8360 SW 8TH ST MIAMI, FL 33144				
C	O NOT WRITE	CE	04282006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-1090462 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
BOZA, RA 8360 SW { MIAMI, FL	STH ST.			NOT WF THIS SP/		
the obligat	named entity submits this statement for th ions of registered agent. Signature, typed or printed name of registered agent and		ed Ågant signature required		h, in the State of Florid	da. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIF PTSD BOZA, RAUL 8360 SW 8TH ST	Trust Fund Contribution.		ed to Fees		
CHY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP	MIAMI, FL 33144	·			U0000055 05/15/06-80	2646 018-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS					NOT WI	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						

FILED 1, 2006 08:00 AI retary of State

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

12. I hereby certify that the information supplied with this filling 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

4/28/06

Davtime Phone #