

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90155 021 ***150.00

DOCUMENT # P01000094434

1. Entity Name
JEM, INC.



Principal Place of Business
834 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH, FL 33441

Mailing Address
834 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH, FL 33441

60032030



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 02-0535838 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CECERE, MICHAEL A **CPA**
~~2200 NORTH FEDERAL HWY SUITE 214~~
~~BOCA RATON, FL 33434~~

NEW ADDRESS: 945-A CLINT MOORE RD
BOCA RATON FL 33487

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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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PD |
| NAME | DER WAAY, JAN C |
| STREET ADDRESS | 834 SOUTH FEDERAL HIGHWAY |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 |
| TITLE | VD |
| NAME | EQUIZABAL, EDUARDO |
| STREET ADDRESS | 834 SOUTH FEDERAL HIGHWAY |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 |
| TITLE | STD |
| NAME | EISEMAN, MAX |
| STREET ADDRESS | 834 SOUTH FEDERAL HIGHWAY |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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

PRESIDENT 4/15/2008

Date

Daytime Phone #

JAN C. VANDERWAAY PD.