2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90031 024 ***158.75

DOCUMENT # P01000107830

1. Entity Name
I JARAMILLO SERVICES CORP.

44024177

03202004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~28940 SW 152ND AVENUE~~ ~~HOMESTEAD, FL~~ 33033	~~28940 SW 152ND AVENUE~~ ~~HOMESTEAD, FL 33033~~

2. Principal Place of Business		3. Mailing Address	
12301 SW 186th ST		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State	
Zip: 33177	Country: DADE	Zip	Country

4. FEI Number: 48-1269309 ☐ 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, ISAIAS ~~28940 SW 152ND AVENUE~~ ~~HOMESTEAD, FL 33033~~	Name: ISAIAS JARAMILLO Street Address (P.O. Box Number Is Not Acceptable): 12301 SW 186th ST City: MIAMI FL Zip Code: 33177

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: Isaias Jaramillo
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, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JARAMILLO, ISAIAS ~~28940 SW 152ND AVENUE~~ ~~HOMESTEAD, FL 33033~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P NATANAEL JARAMILLO 12301 SW 186th ST MIAMI, FL. 33177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T UZZIEL JARAMILLO 12301 SW 186th ST MIAMI, FL 33177	☐ Change ☒ Addition
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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: Isaias Jaramillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #