

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 038 ***150.00

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1. Entity Name
JARAMILLO SERVICES CORP.



Principal Place of Business
2941 WACO DRIVE
DELTONA, FL 32720

Mailing Address
2941 WACO DRIVE
DELTONA, FL 32720

40082252



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

JARAMILLO, ISAIAS
12301 SW 186TH ST
MIAMI, FL 33177

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	JARAMILLO, ISAIAS
STREET ADDRESS	12301 SW 186TH ST
CITY - ST - ZIP	MIAMI, FL 33177
TITLE	VP
NAME	JARAMILLO, NATANAEL
STREET ADDRESS	12301 SW 186TH ST
CITY - ST - ZIP	MIAMI, FL 33177
TITLE	T
NAME	JARAMILLO, UZZIEL
STREET ADDRESS	12301 SW 186TH ST
CITY - ST - ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *Isaias Jaramillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/2006
Date

Daytime Phone #