

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000008933

1. Entity Name

JESMAR CORPORATION



Principal Place of Business

7156 NW 51 STREET
MIAMI FL 33166

Mailing Address

7156 NW 51 STREET
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. # etc

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0620074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASARIEGO, ALEXIS L
7156 NW 51 STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASARIEGO, ALEXIS L	
STREET ADDRESS	82 PINECREST DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, JESSICA	
STREET ADDRESS	330 HAVEN AVENUE APT. 2-J	
CITY-ST-ZIP	NEW YORK NY 10033	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRUECO-CASARIEGO, MARIA C	
STREET ADDRESS	82 PINECREST DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS	
STREET ADDRESS	1517 EAST 17 AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000079315	
CITY-ST-ZIP	03/03/04-80061-005 150.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/04 (305) 53-8144