2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State
JAN 0 8 2006
BY:

DOCUMENT # P02000008933

1. Entity Name
JESMAR CORPORATION

Principal Place of Business	Mailing Address
7156 NW 51 STREET MIAMI, FL 33166	7156 NW 51 STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CASARIEGO, ALEXIS L
STREET ADDRESS	500 HUNTING LODGE DT
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	TD
NAME	PEREZ, JESSICA
STREET ADDRESS	330 HAVEN AVENUE APT. 2-J
CITY-ST-ZIP	NEW YORK, NY 10033
TITLE	SD
NAME	BARRUECO-CASARIEGO, MARIA C
STREET ADDRESS	500 HUNTING LODGE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VPD
NAME	PEREZ, TOMAS
STREET ADDRESS	1517 EAST 17 AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80033-003 150.00

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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: X _____ 03/07/06 (305) 593-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #