

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0620074 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

**CASARIEGO, ALEXIS L
7156 NW 51 STREET
MIAMI, FL 33166**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000623490
02/13/07-80067-023 150.00**

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexis L. Casariego

Date

01/31/07 305-593-0544

Daytime Phone #