

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90060 038 \*\*\*150.00

<b>DOCUMENT # P02000008933</b> 1. Entity Name <b>JESMAR CORPORATION</b>			
Principal Place of Business <b>7156 NW 51 STREET MIAMI, FL 33166</b>		Mailing Address <b>7156 NW 51 STREET MIAMI, FL 33166</b>	
2. Principal Place of Business - No P.O. Box # <b>100460 Overseas Hwy</b> Suite, Apt. #, etc. <b>Suite #4</b> City & State <b>Key Largo FL</b> Zip <b>33037</b>		3. Mailing Address <b>100460 Overseas Hwy</b> Suite, Apt. #, etc. <b>Suite #4</b> City & State <b>Key Largo FL</b> Zip <b>33037</b>	
4. FEI Number <b>65-0620074</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CASARIEGO, ALEXIS L 7156 NW 51 STREET MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100460 Overseas Hwy #4</b> City <b>Key Largo</b> <b>FL</b> Zip Code <b>33037</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASARIEGO, ALEXIS L 500 HUNTING LODGE DT MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, JESSICA 330 HAVEN AVENUE APT. 2-J NEW YORK, NY 10033	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRUECO-CASARIEGO, MARIA C 500 HUNTING LODGE DR MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, TOMAS 1517 EAST 17 AVENUE TAMPA, FL 33605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied in 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:		1/15/08 305-457-2200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	