

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

06 NOV 29 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000036993
1. Entity Name
Consultores y Asesores Jaimas, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10621 North Kendall Dr
Suite, Apt. #, etc. *211*
City & State
Miami FL
Zip *33176* Country *Miami-Dade*

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT

03-06

DO NOT WRITE IN THIS SPACE

4. FCI Number
20-5924022

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name *Pablo D. Millian*
Street Address (P.O. Box Number is Not Acceptable)
11890 SW 51 ST
City *Miami* FL Zip Code *33175*

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]*

900082370509
12/07/06--01053--012 **\$600.00

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
a. Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>Pablo D. Millian</i>
STREET ADDRESS	<i>11890 SW 51 ST.</i>
CITY-STATE-ZIP	<i>Miami, FL 33175</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

K. Eckel NOV 29 2006

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Page #

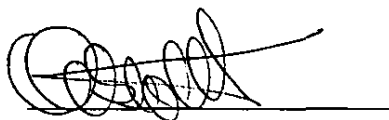
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **CONSULTORES Y ASESORES JAMES, INC.**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, positioned above a solid horizontal line.