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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P02000036993

1. Entity Name
consultores y Asesores Jaimes, 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

4. FEI Number
20-5924022
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Pablo D. Milian
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: _____ 900082370509 12/07/06--01053--012 **600.00
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Pablo D. Millian
STREET ADDRESS	11890 SW, 51 ST.
CITY-ST-ZIP	Miami, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

K. Ecker 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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.