

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90044 015 \*\*\*150.00

**DOCUMENT # P02000037178**

1. Entity Name  
J.A.E. INTERNATIONAL SERVICES, INC.



Principal Place of Business  
11860 SW 3RD ST  
MIAMI, FL 33184

Mailing Address  
11860 SW 3RD ST  
MIAMI, FL 33184

40019736



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3658308

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GONZALEZ, MYRIAM  
11860 SW 3RD ST  
MIAMI, FL 33184

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 GONZALEZ, MYRIAM  
STREET ADDRESS 11860 SW 3RD ST  
CITY-ST-ZIP MIAMI, FL 33184

TITLE SD  
NAME GONZALEZ, JERONIMO  
STREET ADDRESS 11860 SW 3RD ST  
CITY-ST-ZIP MIAMI, FL 33184

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 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 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

2-15-05 305-630-2650

Date

Daytime Phone #