

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90021 018 \*\*\*150.00

DOCUMENT # P02000049601

1. Entity Name  
DON JIM USA INC.



Principal Place of Business  
C/O ARVESU URDANETA CALZADILLA  
888 BRICKELL AVENUE 5TH FLOOR  
MIAMI, FL 33131

Mailing Address  
C/O ARVESU URDANETA CALZADILLA  
888 BRICKELL AVENUE 5TH FLOOR  
MIAMI, FL 33131

20064183



2. Principal Place of Business  
X 2600 NW 87 AV  
Suite, Apt. #, etc. 16

3. Mailing Address  
X 2600 NW 87 AV  
Suite, Apt. #, etc. 16

06272005 Chg-P CR2E034 (10/03)

City & State  
DORAL

City & State  
DORAL

4. FEI Number  
02-0611004

Applied For  
Not Applicable

Zip 33172 Country USA

Zip 33172 Country USA

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

## 6. Name and Address of Current Registered Agent

SHOMAR, JOSEPH  
7777 NW 146 STREET  
MIAMI LAKES, FL 33016

## 7. Name and Address of New Registered Agent

Name X LIN M. ARIAS  
Street Address (P.O. Box Number is Not Acceptable)  
20710 SW 116 RD  
City MIAMI FL Zip Code 33189

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 X

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME CHAABOUK, FARES ☒ Delete  
STREET ADDRESS 888 BRICKELL AVENUE 5TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VST  
NAME CHAABOUK, CARLOS ☐ Delete  
STREET ADDRESS 888 BRICKELL AVENUE 5TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME FARES CHAABOUK ☒ Change ☐ Addition  
STREET ADDRESS 6425 NW 114 AV DORAL, FL 33178  
CITY-ST-ZIP

TITLE P  
NAME CARLOS CHAABOUK ☒ Change ☐ Addition  
STREET ADDRESS 2600 NW 87 AV #16  
CITY-ST-ZIP DORAL, FL 33172

TITLE TS-VP  
NAME DIMOUS BELTRAN-CHAABOUK ☐ Change ☒ Addition  
STREET ADDRESS 2600 NW 87 AV #16  
CITY-ST-ZIP DORAL, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Chabouk 07/01/05 (305) 4188744