

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 027 ***150.00

DOCUMENT # P02000053666

1. Entity Name

JARRETTE BAY INVESTMENTS CORPORATION



Principal Place of Business

2903 SALZEDO ST.
CORAL GABLES, FL 33134

Mailing Address

2903 SALZEDO ST.
CORAL GABLES, FL 33134



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number

32-0014435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARRERO, JULIO C
2903 SALZEDO ST.
CORAL GABLES, FL 33134

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MARRERO, JULIO C
STREET ADDRESS	2903 SALZEDO ST.
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	MUSKAT, PHILLIP
STREET ADDRESS	2903 SALZEDO STREET
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	BENITEZ, ORLANDO
STREET ADDRESS	2903 SALZEDO ST
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #