2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # D02000118086



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90364 045 ***150.00

1. Entity Name J.E. SYSTEM SERVICE CORP.							04-17-2000 9	0304 043	150	.00	
Principal Place	e of Business		Mailing Address .			.300					
8 EAST 13TH STREET HIALEAH, FL 33010			8 EAST 13TH STREET HIALEAH, FL 33010								
2. Principal P	lace of Busine	988	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04122006	Chg-P	CR2E034	(11/05)		
City & State			City & State			4. FEI Number 54-2082242			Applied For Not Applicable		
Zip	İ	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Curren	Registered Agent				7. Name and Address of New Registered Agent				
FUENTES, ESTELA					Name						
766 N.W. 135 CT. MIAMI, FL 33182					Street Address (P.O. Box Number is Not Acceptable)						
					Mir		<u>-</u>	FL	Zip Code	<u>25</u>	
	named entity		or the purpose of changing it	s registered office			th, in the State of Flo	rida. I am far	niliar with,	and accept	
trio congat	~ B	a a star					./	101	06		
SIGNATURE_	Signature, typed o	or printeglatine of registered ager	t and little if applicable. (NO	TE: Registered Agent sig	nature required	d when reinstating)	- 7,	DATE	<u> </u>		
		FEE IS \$150.00 3 Fee will be \$550	9. Election Camp Trust Fund Cor		\$5 □ Add	.00 May Be ded to Fees					
10.		OFFICERS ANI	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	3 IN 11	
THLE	PD		Delete	TITLE	1				Change	☐ Addition	
NAME STREET ADDRESS	FUNTES,	ESTELA 3TH STREET		NAME STREET ADDRES	s 32	015W	148 Ave			+	
CITY-ST-ZIP		FL 33010		CITY-ST-ZIP	m	iami,	148 Ave Fl 33181	<u> </u>			
TITLE NAME	VD FOLGAR,	IORGE A	☐ Delete	TITLE NAME		/	_	Į.	Change	Addition	
STREET ADDRESS	96 EAST 5			STREET ADDRES	s 182	25 Sa	1. 2285	7		}	
CITY-ST-ZIP	1	FL 33013		CITY-ST-ZIP	12:	Ami V	2/33/7	0			
TITLE			☐ Delete	TITLE		/	,		Change	Addition	
NAME ANDEST ABBRECON		-		NAME SYMEET ADDRES							
STREET ADDRESS CITY-ST-ZIP	ļ			CITY-ST-ZIP		_					
TITLE			☐ Delete	TITLE]	Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRES							
CITY-ST-ZIP				CITY-ST-ZIP	33						
TITLE			Delete	TITLE					Change	☐ Addition	
NAME				NAME							
STREET ADDRESS				STREET ADDRES	SS						
CITY-ST-ZIP			☐ Delete	TITLE					Change	Addition	
TITLE NAME			L Delete	NAME				·	0.290		
STREET ADDRESS	1			STREET ADORE	ss					j	
CITY-ST-ZIP				CITY-ST-ZIP							
12. I hereby of indicated	certify that the	e information supplied wi	th this filing does not qualify is true and accurate and that	for the exemption time signature sha	s contained all have the	d in Chapter 119 same legal effec	e, Florida Statutes. I et as if made under c	further certify eth; that I arr	that the in an officer	itormation or director	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * Equently SIGNATURE and TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 305-863-3/22