


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|----------------------------|---------------------------------|---|--|---|
| DOCUMENT # P02000119198 | | | |  | |
| 1. Entity Name JIG DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 8360 W FLAGLER ST, STE 206 MIAMI FL 33114 | | | Mailing Address 8360 W FLAGLER ST, STE 206 MIAMI FL 33114 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 32-0041747 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PERMUY, JESUS A 8360 W FLAGLER ST, STE 206 MIAMI FL 33114 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERMUY, JESUS A | | | NAME | U00000335724 |
| STREET ADDRESS | 8360 W FLAGLER ST, STE 206 | | | STREET ADDRESS | 04/27/05-80099-003 150.00 |
| CITY- ST- ZIP | MIAMI FL 33114 | | | CITY- ST- ZIP | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERMUY, IGNACIO J | | | NAME | |
| STREET ADDRESS | 8360 W FLAGLER ST, STE 206 | | | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33114 | | | CITY- ST- ZIP | |
| TITLE | DST | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERMUY, GUILLERMO J | | | NAME | |
| STREET ADDRESS | 8360 W FLAGLER ST, STE 206 | | | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33114 | | | CITY- ST- ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | |

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

04/21/05 (305) 225-1492
Date Daytime Phone #