

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90273 006 ***158.75

DOCUMENT # P02000121832					
1. Entity Name JIREH USA, CORP.					
Principal Place of Business 80 S.W. 8 ST., STE. #2190 MIAMI, FL 33131 US			Mailing Address 80 S.W. 8 ST., STE. #2190 MIAMI, FL 33131 US		
2. Principal Place of Business 2315 NW 107 Avenue Suite, Apt. #, etc. Unit A-25 City & State Miami, FL Zip 33172 Country USA		3. Mailing Address 2315 NW 107 Avenue Suite, Apt. #, etc. Box #88 City & State Miami, Florida Zip 33172 Country USA			
03302006 Chg-P CR2E034 (11/05)		4. FEI Number 82-0572480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL 80 S.W. 8 ST., STE. #2190 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Miguel Rodriguez Street Address (P.O. Box Number is Not Acceptable) 2315 NW 107 Avenue, Unit A-25 City Miami FL Zip Code 33172				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 DATE Apr 8, 2006 <small>Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when rechartering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MIGUEL 80 S.W. 8 ST., STE. #2190 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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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:		Date Apr 8/06		Daytime Phone # 305-597-0553	