2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000128979

1. Entity Name
JIRAH INVESTMENT, INC.

Principal Place of Business	Mailing Address
2912 TARPON DRIVE MIRAMAR, FL 33023	2912 TARPON DRIVE MIRAMAR, FL 33023

04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0756559
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CAROL E
2912 TARPON DRIVE
MIRAMAR, FL 33023

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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 Carol Garcia President
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000495184
04/20/06-80075-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GARCIA, CAROL E
STREET ADDRESS	2912 TARPON DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VD
NAME	GARCIA, ROGER
STREET ADDRESS	2912 TARPON DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	SD
NAME	RAMNANAN, MARIAN I
STREET ADDRESS	2912 TARPON DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	T
NAME	GARCIA, ERNESTO
STREET ADDRESS	2912 TARPON DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carol E Garcia Carol Garcia 4/3/06 954-981-5859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #