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# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 NOV -2 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/28/05 91200 040 15200



02022005 Chg-P CR2E034 (10/03)

4. FEI Number ☐ Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

ALEMANY, JOAQUIN A  
901 PONCE DE LEON BLVD SUITE 305  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHICO, JOSE IGNACIO	
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 305	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VELAY, MARIA DEL C	
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 305	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

02/04/2005 (305) 442-1755

Date

Daytime Phone #

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LAW OFFICES  
**JOAQUIN A. ALEMANY**  
901 PONCE DE LEON BOULEVARD  
SUITE 305  
CORAL GABLES, FLORIDA 33134

TELEPHONE  
(305) 442-1755

TELECOPIER  
(305) 442-8505

October 18, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: JERONIMOS INVESTMENTS CORP.  
Document No. P03000009131  
Our File No. 03-0782

Dear Sir or Madam:

In reference to the attached Notice of Dissolution or Revocation received from your office, enclosed please find copy of the 2005 Annual Report dated February 4, 2005 together with copy of canceled Check No. 99 payable to Florida Department of State dated February 4, 2005 in the amount of \$150.00.

Please be so kind as to confirm the 2005 annual report has been filed.

Thank you in advance for your attention and consideration in this matter.

Very truly yours,

Joaquin A. Alemany

Per conversation with Mr. Alemany on 11/2/05  
the corporation did not receive any notice to  
Correct And would like late fees to be removed.  
Also, mark not applicable for the fee number in box 4.