

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000048570

1. Entity Name
JABES INTERNATIONAL INC.



Principal Place of Business
6423 CHAMPLAIN TER
DAVIE, FL 33331

Mailing Address
6423 CHAMPLAIN TER
DAVIE, FL 33331

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2351149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERMUDEZ, MARIA A
6423 CHAMPKIN TER
DAVIE, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 registering)

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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERMUDEZ, MARIA A
STREET ADDRESS	6423 CHAMPKIN TER
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	VP
NAME	BERMUDEZ, ADNERY
STREET ADDRESS	6423 CHAMPKIN TER
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	S
NAME	BERMUDEZ-RODRIGUEZ, VILMARY
STREET ADDRESS	6423 CHAMPKIN TER
CITY-ST-ZIP	DAVIE, FL 33337
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/06-80038-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #