2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080036

FILED Feb 18, 2007 Secretary of State

Entity Name: JAG FACILITY SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3900 NW 165TH STREET 2110 NW 185TR MIAMI, FL 33054 MIAMI, FL 33054 **Current Mailing Address: New Mailing Address:** PO BOX 540401 OPA LOCKA, FL 33054 FEI Number: 16-1676588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONYERS, JOHN D KEMP, DWANYE 3900 NW 165TH STREET 2110 NW 185TH TERR MIAMI, FL 33147 MIAMI, FL 33147 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. SIGNATURE: DK 02/18/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CONYERS, JOHN D THOMAS, DEREL Name: Name: 17300 NW 165TH STREET 2110 NW 185TH TERR Address: Address: City-St-Zip: MIAMI, FL 33054 City-St-Zip: MIAMI, FL 33055 () Delete Title: VΡ Title: () Change () Addition KEMP, DWAYNE Name: Name: 2110 NW 185TH TER Address: Address: MIAMI, FL 33056 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: DWAYNE KEMP 02/18/2007