FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90110 010 ***150.00

DOCUMENT :	#	P03000082253
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1. Entity Name



Jem Properties and Investments, Inc.			'		5.0			
	DO NOT WRI	TE IN	THIS SP	AC	E			
2. Principal Place of Business 3. Mailing Address 2520 SW 99 Ave 2520 SW 99 Ave				1	4016591			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS	SPACE		
City & State City & State Miami Miami				4.	FEI Number	Applied For Not Applicable		
Zip 33165	Country FI	331		Country FI		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
		•		-	Nama		ame and Address of Current Registered	d Agent
	DO NOT	MDIT	-=		Name R	odriquez	z, Jorge L	
	DO NOT			Street Address		dress (P.O. I	Box Number is Not Acceptable)	
IN THIS SPACE			2520 SW 99		W 99 Av	e		
	•				City Miami		FL	Zip Code - 33165
8. The above the obligat	named entity submits this statemotions of registered agent.	ent for the pui	pose of changing its re	egistere	d office or r	egistered aç	gent, or both, in the State of Florida. I am i	
SIGNATURE								
.la	Signature, typed or printed name of registered nuary 1 - May 1 Fee is \$150.0		pplicable (NOTE: I	Registered	Agent signature	required when r	reinstating) DATE	
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		AND DIRECT	ORS	1				
TITLE NAME STREET ADDRESS	Rodriquez, Jorge L / P 2520 SW 99 Ave Miami, Fl 33165			T ADDRESS				
CITY-ST-ZIP			•	CITY-:	S1-ZIP			
NAME	Agurre, Elsi / V 2520 SW 99 Ave			NAME	ME			
STREET ADDRESS CITY-ST-ZIP	Miami, FI 33165			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				TITLE NAME				
STREET ADDRESS	PRESS		STREET ADDRESS			DO NOT WRI	TE	
CITY-ST-ZIP				CITY-S	ST-ZIP			
TITLE NAME				TITLE NAME			IN THIS SPACE	CE
STREET ADDRESS CITY-ST-ZIP					T ADDRESS			
TITLE				CITY-S TITLE	51-ZIP			
NAME				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	T ADDRESS ST-ZIP			
TITLE				TITLE				1
name Street address				NAME STREET	T ADDRESS			Vision
CITY-ST-ZIP				CITY-S	1			

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 on an attachment with an address, with all other-like empowered.

PEO OF PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR