

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90029 029 ***150.00

DOCUMENT # P03000095082			
1. Entity Name LUIS JIMENEZ CORPORATION, INC.			
Principal Place of Business 3032 N.W. 29TH ST. MIAMI, FL 33142		Mailing Address 3032 N.W. 29TH ST. MIAMI, FL 33142	
2. Principal Place of Business 1581 E 9 COURT Suite, Apt. #, etc.		3. Mailing Address 1581 E 9 COURT Suite, Apt. #, etc.	
City & State HIALEAH, FL Zip: 33010 Country: USA		City & State HIALEAH, FL Zip: 33010 Country: U.S.A.	
4. FEI Number 56-2401733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, LUIS 3037 NW 29 ST MIAMI, FL 33142		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: <u>Luis Jimenez</u> DATE: <u>01/05/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST NAME: JIMENEZ, LUIS STREET ADDRESS: 3032 N.W. 29TH ST. CITY-ST-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: PVST NAME: JIMENEZ, LUIS STREET ADDRESS: 1581 E 9 COURT CITY-ST-ZIP: HIALEAH, FL, 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Luis Jimenez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>01/05/2006</u> <small>Daytime Phone #</small>	