## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P03000106866 1. Entity Name JAH-JIREH GROUP INC. Principal Place of Business Mailing Address 25521 SW 129TH CT 25521 SW 129TH CT PRINCETON, FL 33032 PRINCETON, FL 33032 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0419950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, FRANCISCO E DO NOT WRITE 25521 SW 129TH CT PRINCETON, FL 33032 IN THIS SPACE ed 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 obligation of registered 4/20/06 SIGNATURE. ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Feé Will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LOPEZ, FRANCISCO E PO BOX 162734 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33116 TITLE U00000540314 05/10/06-80013-018 158.75 NAME MACY-LOPEZ, HEYDI J STREET ADDRESS PO BOX 162734 MIAMI, FL 33116 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 surplemental 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.

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STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-281-5453

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