


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90008 024 ***150.00

DOCUMENT # P03000149290		
1. Entity Name JAIMEE TIRE ENTERPRISES, INC.		
Principal Place of Business 1984 WEST 60 STREET HIALEAH, FL 33012	Mailing Address 1984 WEST 60 STREET HIALEAH, FL 33012	
DO NOT WRITE IN THIS SPACE		
		04282007 No Chg-P CR2E034 (11/05)
4. FEI Number 37-1480744		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CARRAZANA, JOSE L 2745 WEST 64 PL # 102 HIALEAH, FL 33016		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 _____ (NOTE: Registered Agent signature required when restate) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRAZANA, JOSE L 2745 WEST 64PL, APT 102 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRAZANA, MICHEL 1445 NW 29 AVE MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>JOSE CARRAZANA</u>		Date: <u>4/27/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #