

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000152337

1. Entity Name
JEME ENTERPRISE CORPORATION



Principal Place of Business
10737 NW 58TH ST.
MIAMI, FL 33178

Mailing Address
10737 NW 58TH ST.
MIAMI, FL 33178



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0504208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAVEZ, JORGE J
17610 S.W. 32ND STREET
MIRAMAR, FL 33129

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAVEZ, JORGE J
STREET ADDRESS 17610 S.W. 32ND STREET
CITY-ST-ZIP MIRAMAR, FL 33129

TITLE VD
NAME CHAVEZ, ELSA
STREET ADDRESS 17610 S.W. 32ND STREET
CITY-ST-ZIP MIRAMAR, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/23/07-80022-014 150.00

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge I. Chavez 2/09/07 305 632 1162