

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90037 047 \*\*\*150.00

**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

40010000



01162008 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~~ 17744 S.W. 47th  
MIRAMAR, FL 33129 33024

**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

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, 2008 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~~ 17744 S.W. 47th  
CITY-ST-ZIP MIRAMAR, FL 33129 33024

TITLE VD  
NAME CHAVEZ, ELSA  
STREET ADDRESS ~~17610 S.W. 32ND STREET~~ 17744 S.W. 47th  
CITY-ST-ZIP MIRAMAR, FL 33129 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

Date

305 632 1162

Daytime Phone #