2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000034593

1. Entity Name

JAAFAR MANAGEMENT SERVICES, CORP.



FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business

2390 N.W. 7TH STREET

STE 207 MIAMI, FL Mailing Address

2390 N.W. 7TH STREET

STE 207 MIAMI, FL



DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

41-2129410

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

HUSSEIN JAAFAR, ALI 2390 NW 7ST SUITE 207 MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	red office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept	t
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	J			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAAFAR, ALI H 2390 N.W. 7TH STREET, SUITE #207 MIAMI, FL					
TITLE NAME STREET ADDRESS CHY-ST-ZIP					U00000759555 05/24/07-80048-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS			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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q | <mark>Q | | Dato Day</mark>

Daytime Phone #