

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000056259

1. Entity Name  
JAE VEE CORPORATION



Principal Place of Business  
10429 OAK MEADOW LANE  
LAKE WORTH, FL 33467

Mailing Address  
10429 OAK MEADOW LANE  
LAKE WORTH, FL 33467

2. Principal Place of Business - No P.O. Box #

3477 LAGO DE TALAVERA

Suite, Apt. #, etc.

3. Mailing Address

3477 LAGO DE TALAVERA

Suite, Apt. #, etc.

LAKE WORTH

City & State  
LAKEWORTH

City & State

Florida

Zip 33467

Zip 33467

Country USA

04122007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1362860

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, KENNETH  
10429 OAK MEADOW LANE  
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name Kenneth Roberts

Street Address (P.O. Box Number is Not Acceptable)

3477 LAGO

3477 LAGO DE TALAVERA

City LAKEWORTH FL Zip Code 33467

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 *Kenneth Roberts*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, KENNETH 10429 OAK MEADOW LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, AUDREY 10429 OAK MEADOW LANE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Audrey Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4424107 Date

954 295 7864 Daytime Phone #