2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P04000077595 1. Entity Name JACORET CORPORATION	04-07-2006 90039 022 ***150.00
Principal Place of Business Mailing Address	E00400MA
8221 SW 72ND AVE APT 272 8221 SW 72ND AVE APT 272 MIAMI, FL 33143-7675 MIAMI, FL 33143-7675	50010079
2. Principal Place of Business 566/ N.W. 6 AW SANE	
Suite, Apt. #, etc. Suite, Apt. #, etc. 0405200	6 Chg-P CR2E034 (11/05)
City & State 4. FEI Nur 56-74	hber Applied For Not Applied For
Zip Country Zip Country	ste of Status Desired Sa.75 Additional Fee Required
	nd Address of New Registered Agent
CONTRERAS RETAMAL, JOSE A	INTREPAS
8221 SW 72ND AVE APT 272 Street Address (P.O. Box Nur	7,51 56.5.
MIAMI, FL 33143-7675	
566) N.W. 6	Ave
Lami	FL Zip Code 3312
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registers agent.	ooth, in the State of Florida. I am familiar with, and accept
die obligations of register agent.	
SIGNATURE Y Signature, typoo'g; processes are of registered agent and title if applicable. (NOTE: Registered Agent signature required when reportative)	CATE
	DATE
FILE NOWIII FEE IS \$150.00 (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Signature, typed of procedure of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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 chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if

SIGNATURE: У

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #