2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000081702

1. Entity Name
JAIME'S AUTO SALES, INC.



FILED
Jan 31, 2008 08:00 AN
Secretary of State

Principal Place of Business

7629 CORAL DR. W. MELBOURNE, FL 32904 Mailing Address

7629 CORAL DR.

W. MELBOURNE, FL 32904



DO NOT WRITE IN THIS SPACE

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01282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-1161686 Not Applied be

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUKOWSKI, JAIME 7629 CORAL DR. W. MELBOURNE, FL 32904

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 renestating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			cing \$5.00 May B Added to Fees	e
10. TITLE NAME	OFFICERS AND DIRECT DPTS BUKOWSKI, JAIME	CTORS	St. Prince Prince	
STREET ADDRESS CITY-ST-ZIP TITLE	7629 CORAL DR. W. MELBOURNE, FL 32904		don Sign of	
NAME STREET ADDRESS CITY-ST-ZIP				000000807066 02/06/08-80067-020 150.00
TITLE NAME STRIET ADDRESS CITY-ST-ZIP			D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				I THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Company of the State of the Sta
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08

(321) 768-2286

Daytime Phone #