

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90144 024 \*\*\*150.00

<b>DOCUMENT # P04000083082</b>					
<b>1. Entity Name</b> JE 3504, INC.					
<b>Principal Place of Business</b> SEGredo & WEISZ, ATTORNEYS AT LAW 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156			<b>Mailing Address</b> SEGredo & WEISZ, ATTORNEYS AT LAW 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156		
<b>2. Principal Place of Business</b> <i>Bared &amp; Assoc PA</i>		<b>3. Mailing Address</b> <i>Bared &amp; Assoc PA</i>			
Suite, Apt. #, etc. <i>1500 San Remo Ave #248</i>		Suite, Apt. #, etc. <i>1500 San Remo Ave #248</i>		04202006    Chg-P    CR2E034 (11/05)	
City & State <i>Coral Gables FL</i>		City & State <i>Coral Gables FL</i>		<b>4. FEI Number</b> 56-2496288	
Zip <i>33146</i>		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SEGredo, FRANK J ESQ SEGredo & WEISZ, ATTORNEYS AT LAW 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156				<b>7. Name and Address of New Registered Agent</b> Name: <i>Pablo R. Bared, Esq.</i> Street Address (P.O. Box Number is Not Acceptable): <i>Bared &amp; Assoc PA</i> <i>1500 San Remo Ave #248</i> City: <i>Coral Gables</i> FL    Zip Code: <i>33146</i>	
<b>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.</b>  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XACUR, JOSE J 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Xacur, Jose J. 1500 San Remo Ave #248 Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLIS, EDUARDO 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Solis, Eduardo 1500 San Remo Ave #248 Coral Gables, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
<b>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.</b>					
<b>SIGNATURE:</b> _____			Director.    4/28/06    3056666010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		