

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102654

Entity Name: JAIMS CORPORATION

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

1390 BRICKELL AVE SUITE 200  
MIAMI, FL 33131

**New Principal Place of Business:**

1300 BRICKELL AVE.  
MIAMI, FL 33131

**Current Mailing Address:**

2875 NE 191 ST, #801  
AVENTURA, FL 33180

**New Mailing Address:**

1300 BRICKELL AVE.  
MIAMI, FL 33131

FEI Number: 20-1537300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUAREZ, MARIANELA  
1300 BRICKELL AVE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

DE LOS SANTOS, OLGA ESQ.  
1300 BRICKELL AVE  
MIAMI, FL 33131 US

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.

SIGNATURE: OLGA DE LOS SANTOS, ESQ.

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCHMIDT, JAIME  
Address: 1390 BRICKELL AVE SUITE 200  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SCHMIDT, JAIME  
Address: 1300 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME SCHMIDT

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date