## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P04000104334 1. Entity Name



Principal Place of Business

Mailing Address

9240 SW 149TH PL MIAMI, FL 33196

JESÁS CORP

9240 SW 149TH PL MIAMI, FL 33196

## **FILED** May 02, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number **NOT APPLICABLE**  Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGOVIA, JUAN M 9240 SW 149TH PL MIAMI, FL 33196

changed, or on an attachment with an address

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## 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 reinstating)  DATE				
	Signature, types of printed have of registeres agent and the	The production (110 ) E. Tropistor	ou Agent algrature required a resistant gr	T
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Fina Trust Fund Contribution</li></ol>		
10.	OFFICERS AND DIREC	CTORS	4.50	The same of the sa
IITLE	PSTD	•		
NAME	SEGOVIA, JUAN M			
STREET ADDRESS CITY-ST-ZIP	9240 SW 149 PL MIAMI, FL 33196			##UQQQQQQ944654
	MIAMI, FL 33190		-	05/29/08-80108-008/150.00
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			1	
NAME				
STREET ADDRESS CITY-ST-ZIP			I DO	NOT WRITE
TITLE			_	그는 일본 경찰에 들어가 있는 것이 되었다. 그 사람들은 사람들이 되었다. 그 사람들은 그 살이 되었다.
NAME			IN.	THIS SPACE
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				
CITY - ST - ZIP				
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				