2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000122987

1. Entity Name

O-JAÍMES CONSULTING, INC.



Principal Place of Business

5440 NO. STATE ROAD 7

SUITE 226

FORT LAUDERDALE, FL 33319

Mailing Address

5440 NO. STATE ROAD 7

SUITE 226

FORT LAUDERDALE, FL 33319

FILED May 01, 2006 08:00 Al Secretary of State



04282006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2477677

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAIMES, OMAR A 5440 NO. STATE ROAD 7 SUITE 226 FORT LAUDERDALE EL 33319

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FORT LAUDERDALE, FL 33319				IN THIS SPACE		
8. The above the obligation	named entity submits this statement for the pitons of registered agent	urpose of changing its regi	istered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature typed or printed name of registered agent and little if	applicable (NOTE Reg	gistered Agent signature	reg-lired when reinslabng)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Se Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CHY ST-ZIP	D JAIMES, OMAR A 5440 NO. STATE ROAD 7 #226 FORT LAUDERDALE, FL 33319				U00000554015 05/15/06-80076-022 158.75	
TITLE NAME STREET ADDRESS CHY-ST-ZIP					05/15/06-80076-022 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
HILE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
NAME STREET ADDRESS CHY-SI-ZIP						
THEE						

12. Thereby 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 truptee 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 that an additions, with all other like empowered.

SIGNATURE: UV

STREET ADDRESS CITY-ST-ZIP

OMAR A.JAIMES

04/28/06 (954) 777-343