2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P04000123930 1. Entity Name JEREC CORP					05-02-2008 90113 010 ***150.00				
Principal Plac	e of Business		<u> </u>	1	-				
7801 CORAL MIAMI, FL 3	. WAY SUITE 113 3155	7801 CORAL WAY SUITE 113 MIAMI, FL 33155		£ (41 (2) 4 (4)			FIN FRINS INIK SK	18 8 1 (8 489)	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb 20-156				plied For t Applicable
Zip	Country	Zip	Count	ıry		of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RAFFO, JAIME E 7945 SW 17 TERRADE MIAMI, FL 33155				Name Street Address (P.O. Box Number is Not Acceptable)					
				City	/		FL	Zip Code	3
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 required when rematating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME	Delete TITE							☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	l l			ET ADDRESS ST-ZIP					
TITLE			TITLE	- 1				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	7945 SW 17 TERRACE SI			ET ADDRESS ST-ZIP					
TITLE			TITLE					☐ Change	Addilion
name Street address			NAME STREE	T ADDRESS					
CITY - S1 - ZIP			CITY	ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	ì				Change	Addition
STREET ADDRESS CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS				T ADDRESS					
CITY-SY-ZIP		☐ Delete	CITY	ST-ZIP				☐ Change	☐ Addition
NAME		مامانان في	NAME						
STREET ADDRESS CITY-ST-ZIP			CITY	ET ADDRESS ST-ZIP					
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 oritrustee 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 the empowered. SIGNATURE:									
1	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		Dark	O.	aytime Phone #	