2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State
05-09-2008 90011 001 ***150.00

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DOCUMENT # P05000042001

1. Entity Name

FILOMENO JIMENEZ, INC.

66013863

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
6200 NE 2ND AVE MIAMI FL 33138 US	6200 NE 2ND AVE MIAMI FL 33138 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6200 NE 2AVE	6200 NE 2AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami FL	Miami FL.
City & State	City & State
33138	33138
Zip / Country: USA	Zip / Country: USA

4. FEI Number 59-2105542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERNEST THOMAS 6200 NE 2ND AVE MIAMI FL 33138	Name: Ernest Thomas Street Address (P.O. Box Number is Not Acceptable): 6200 NE 2 AVE Ave City: Miami FL 33138 **FL** Zip Code

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: Ernest Thomas E Margarette Byron DATE

(Signature, typed or printed name of individual agent and title if applicable. NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, ERNEST 6200 NE 2ND AVE MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition No change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BYRON, MARGUETTE 6200 NE 2ND AVE MIAMI FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition No change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Thomas, Ernest 6200 NE 2AVE Miami FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition No change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Byrom, Margarette 6200 NE 2AVE Miami FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition No change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Thomas, Ernest 6200 NE 2AVE Miami FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition No change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Byrom Margarette 6200 NE 2AVE Miami FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition No change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Ernest Thomas Margarette Byron 6/2/08 3054912489

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #