



2006 FOR PROFIT CORPORATION ANNUAL REPORT

08-22-2006 90028 049 ***150.00
P05000056110

DOCUMENT # P05000056110 1. Entity Name JIMVAR ENTERPRISES, INC.						FILED 06 SEP 27 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA 50025852 	
Principal Place of Business 2520 SW 22ND STREET SUITE 2234 MIAMI, FL 33145				Mailing Address 2520 SW 22ND STREET SUITE 2234 MIAMI, FL 33145			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DE LA TORRIENTE, COSME J ESQ. 155 SOUTHWEST 25TH ROAD MIAMI, FL 33129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD JIMENEZ, CARLOS 2520 SW 22ND STREET #2234 MIAMI, FL 33145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				PRES. 8/18/06 305 305 0577 <small>Date Daytime Phone #</small>			

20 9/27

ATTACHMENT

50025852

JIMVAR ENTERPRISES, INC.
2520 SW 22ND ST., SUITE 2234
MIAMI, FL. 33145

August 17, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

RE: JIMVAR ENTERPRISES, INC.
P05000056110

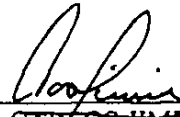
Dear Madam/Sir:

This letter shall serve as my request to waive the \$400.00 late fee in connection with the above company, since I never received the annual report notice. I am hereby enclosing a check for \$150.00 to cover the original annual report fee.

Please contact the undersigned if you have any questions. Thank you in advance for your attention to this matter and please reinstate the corporation at your earliest convenience.

Very truly yours,

JIMVAR CORPORATION, INC.

BY: 
CARLOS JIMENEZ, PRES.