

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90059 046 ***150.00

DOCUMENT # P05000150236

1. Entity Name
JATEM INC.



Principal Place of Business 1201 N. UNIVERSITY DRIVE SUITE 1315 CORAL SPRINGS, FL 33065 US	Mailing Address 1201 N. UNIVERSITY DRIVE SUITE 1315 CORAL SPRINGS, FL 33065 US
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2. Principal Place of Business - No P.O. Box # 1315 N. University Drive Suite, Apt. #, etc.	3. Mailing Address 1315 N. University Drive Suite, Apt. #, etc.
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071	Country USA

02062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3768898	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOBOL, JAMIE 1201 N. UNIVERSITY DRIVE SUITE 1315 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1315 N. University Drive City Coral Springs FL Zip Code 33071
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 TOBOL, JAMIE 1201 N. UNIVERSITY DRIVE, SUITE 1315 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1315 N. University Drive Coral Springs, FL 33071
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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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

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: *Jame Tobol* *2-19-07* *954 7551505*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #