2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P06000059426

Entity Name: OSCAR & DORA JIMENEZ, INC.

Current Principal Place of Business:

1525 53RD STREET
WEST PALM BEACH, FL 334072250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243039
BOYNTON BEACH, FL 334243039

New Mailing Address:

FEI Number: 20-7012558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMENEZ, OSCAR
304 PRESERVE WAY
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JIMENEZ, OSCAR	
Address:	340 PRESERVE WAY	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	VP	( ) Delete
Name:	JIMENEZ, DORA	
Address:	340 PRESERVE WAY	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	VP	( ) Delete
Name:	JIMENEZ, CHRISTOBAL O	
Address:	108 KINGS WAY	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	VP	( ) Delete
Name:	COOTS, CLARA	
Address:	1118 LAKE TERR., 205	
City-St-Zip:	BOYNTON BEACH, FL 33426	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA COOTS VP 01/08/2009

Electronic Signature of Signing Officer or Director — Date