
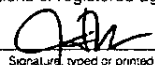


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90036 025 \*\*\*150.00

<b>DOCUMENT # P06000098370</b> 1. Entity Name <b>JIREH SPORTS MANAGEMENT, INC.</b>					
Principal Place of Business <b>8591 NW 186 STREET</b> <b>#147</b> <b>HALEAH, FL 33015</b>			Mailing Address <b>8591 NW 186 STREET</b> <b>#147</b> <b>HALEAH, FL 33015</b>		
2. Principal Place of Business - No P.O. Box # <b>7828 NW 194 Terr.</b>		3. Mailing Address <b>7828 NW 194 Terr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-5274819</b>	
Zip <b>33015</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MONTERO, ALEX</b> <b>7821 CORAL WAY</b> <b>#135</b> <b>MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>Jose T. Miranda</b> Street Address (P.O. Box Number is Not Acceptable) <b>7828 NW 194 Terr.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33015</b>		
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  <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MONTERO, ALEX 7821 CORAL WAY #135 MIAMI, FL 33155 <input checked="" 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	VP MIRANDA, JOSE T 8591 NW 186 STREET #147 HALEAH, FL 33015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Miranda, Jose T. 7828 NW 194 Terr. Miami, FL 33015 <input checked="" 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	VP Miranda, Amarillys 7828 NW 194 Terr. Miami, FL 33015 <input type="checkbox"/> Change <input checked="" 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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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: 			Date <b>2/8/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					