

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000038960

1. Entity Name
J'IREH MANAGEMENT & CONSULTANT INC.



FILED

10 JUN 14 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1612 NW 45TH STREET
MIAMI, FL 33142 US

Mailing Address
1612 NW 45TH STREET
MIAMI, FL 33142 US

2. Principal Place of Business - No P.O. Box#
1612 NW 45th

3. Mailing Address
1612 NW 45th

Suite, Apt. #, etc.

Suite, Apt. #, etc.



05112010 Chg-P CR2E034 (11/08)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip
33142

Country
U.S.

Zip
33142

Country
U.S.

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

JENKINS, MARY
1612 NW 45TH STREET
MIAMI, FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Jenkins Mary 4729 mail.com

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, MARY 1612 NW 45TH STREET MIAMI, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARMON, MARY 1612 NW 45TH STREET MIAMI, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/11/10--01002--017 **150.00

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: Mary Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/10 305-316-6688