2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-07-2008 90031 017 ***158.75

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1. Entity Name
JEREZ SERVICE, CORP.

Principal Place of Business	Mailing Address
4646 ROSS LANIER LN KISSIMME, FL 34758	4646 ROSS LANIER LN KISSIMME, FL 34758

03192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4709 Ross lanier LN	4709 Ross lanier LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34758 Country:	Zip: 34758 Country:

4. FEI Number 208798505 ☐ Applied For ☐ Not Applicable

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
JEREZ, ALEJANDRO 4646 ROSS LANIER LN KISSIMME, FL 34758	Name: Jelez, Alejandro Street Address (P.O. Box Number is Not Acceptable): 4709 Ross lanier LN City: Kissimmee FL Zip Code: 34758

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: Alejandro Jerez — DATE: 4/2/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	DP JEREZ, ALEJANDRO 4646 ROSS LANIER LN KISSIMME, FL 34758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Jelez, Alejandro 4709 Ross lanier LN Kissimmee FL 34758	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Alejandro Jerez — 4/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #