

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000079801



1. Entity Name
JUAN C. JAIME, P.A.

Principal Place of Business
4560 SW 2ND TERRACE
MIAMI, FL 33134 US

Mailing Address

4560 SW 2ND TERRACE
MIAMI, FL 33134 US

2. Principal Place of Business - No P.O. Box #
12921 Arbor Isle Dr

Suite, Apt. #, etc.

3. Mailing Address
12921 Arbor Isle Dr

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33637

Country
U.S.

Zip
33637

Country
U.S.

6. Name and Address of Current Registered Agent

JAIME, JUAN C
4560 SW 2ND TERRACE
MIAMI, FL 33134

Name

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

City

FL Zip Code

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

2/20/08

**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	P JAIME, JUAN C 4560 SW 2ND TERRACE MIAMI, FL 33134	<input 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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 (305)8049763

Date

Daytime Phone #