## **FILED** Feb 15, 2008 8:00 am Secretary of State 02-15-2008 90001 011 \*\*\*150.00

**2008 FOR PROFIT CORPORATION** 

ANNUAL REPURI									
DOCUMENT # P07000109793  1. Entity Name JESUS M CORPORATION INC					4002	5466			
Principal Place of Business 400 KING POINT DR. 1519 SUNNY ISL BEACH, FL 33160		Mailing Address 400 KING POINT DR. 1519 SUNNY ISL BEACH, FL 33160					el mem eeme ie	 Elai: 188:18 18188 11:	 K <b>ir</b> i II iiri
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numbe	·			plied For t Applicable
Zip Country		Zip Coun		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	Registered	Agent	
PEREZ, JESUS S								·	
400 KING 1519	POINT DR.			Street Addre	ess (P.O. Box Numbe	r is Not Acceptable	e)		
SUNNY ISL BEACH, FL 33160									
				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									<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$550.00  Trust Fund Contribution.  Add						-	<u> </u>		<u>.</u>
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, JESUS S 400 KING POINT DR SUNNY ISL BEACH, FL 33160	☐ Delete	4	- 1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, MAGDALENA 400 KING POINT DR. #1519			<b>I</b>			·	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				۰		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	I				☐ 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 employered 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.