

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000060662	
1. Entity Name E. JIMENEZ & ASSOCIATES, INC.	

Principal Place of Business 9127 NW 150 TERR MIAMI, FL 33018	Mailing Address 9127 NW 150 TERR MIAMI, FL 33018
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DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0599095	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JIMENEZ, MARISEL
9127 NW 150 TERR
MIAMI, FL 33018**

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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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD JIMENEZ, EDGARDO 9127 NW 150 TERR MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JIMENEZ, MARISEL 9127 NW 150 TERR MIAMI, FL 33018
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04/13/06 00022-023 150.00

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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]* **3/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #