

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90047 030 ***163.75

DOCUMENT # P95000080763	
1. Entity Name THE IBIS-JUMBO COMPANY	



Principal Place of Business 520 HARBOR DRIVE KEY BISCAYNE, FL 33149-1707 US	Mailing Address 520 HARBOR DRIVE KEY BISCAYNE, FL 33149-1707 US
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40005342



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0641902	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLOTO, JAMES R ESQ. SLOTO, GREENBERG & BERK, P.A. 200 S. BISCAYNE BLVD., SUITE 3000 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☒ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRAZANA, ALICIA M 520 HARBOR DRIVE KEY BISCAYNE, FL 331491707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRAZANA, ENRIQUE A 520 HARBOR DRIVE KEY BISCAYNE, FL 331491707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRAZANA, MARIA D 520 HARBOR DRIVE KEY BISCAYNE, FL 331491707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRAZANA, ENRIQUE J 520 HARBOR DRIVE KEY BISCAYNE, FL 331491707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X ALICIA M. CARRAZANA JANUARY 05, 2007 - (305) 361-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #