


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90043 005 ***150.00

DOCUMENT # P96000059782		
1. Entity Name JAIMAR ENTERPRISE CORPORATION		

Principal Place of Business 7391 SOUTHWEST 16 STREET MIAMI, FL 33155	Mailing Address 7391 SOUTHWEST 16 STREET MIAMI, FL 33155
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2. Principal Place of Business 7243 SW 24 St.	3. Mailing Address 7243 SW 24 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

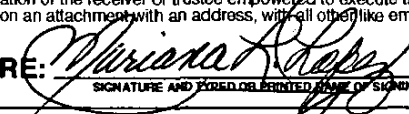
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33155	Zip 33155
Country MIAMI DADE	Country MIAMI DADE

6. Name and Address of Current Registered Agent MARIANA LOPEZ 7391 S.W. 16TH STREET MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name: JAIRO LOPEZ Street Address (P.O. Box Number is Not Acceptable): 7243 SW 24 STREET City: MIAMI FL Zip Code: 33155	

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: 	DATE: 3/28/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	<input type="checkbox"/> Delete	TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, JAIRO		NAME LOPEZ, JAIRO	
STREET ADDRESS 7391 SOUTHWEST 16 STREET		STREET ADDRESS 7243 SW 24 St.	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP MIAMI FLORIDA 33155	
TITLE VT	<input type="checkbox"/> Delete	TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, MARIANA L		NAME LOPEZ, MARIANA L.	
STREET ADDRESS 7391 SOUTHWEST 16 STREET		STREET ADDRESS 7243 SW 24 ST.	
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZIP MIAMI, FLORIDA 33155	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE: 3/28/05 (205) Daytime Phone # 265-9996