2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 05, 2006 8:00 am Secretary of State DOCUMENT # P96000059782 05-05-2006 90188 001 ***150.00 JAIMAR ENTERPRISE CORPORATION Principal Place of Business Mailing Address 7243 SW 24 ST. MIAMI FL 33155 7243 SW 24 ST. **MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0684475 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARIANA L. LOPEZ LOPEZ, JAIRO Street Address (P.O. Box Number is Not Acceptable) **7243 SW 24 STREET MIAMI FL 33155** 1243 SW 24 STREET 8. The above named entity submits this statement for the purpose of changing its e or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE signature retiuired when reinslating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE **PSD** Delete TITLE Change ☐ Addition LOPEZ, JAIRO NAME MARIANA L. LOPEZ STREET ADDRESS 7243 SW 24 ST 7243 SW 845t. STREET ADDRESS MIAMI, FLORIDA CHTY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITI F ☐ Delete VICE PRESIDENT ☐ Change **Addition** NAME LOPEZ, MARIANA L NAME BERTHA D. GARCIA STREET ADDRESS 7243 SW 24 ST STREET ADDRESS 1243 SW 24 St. CITY-ST-71P MIAMI FL 33155 CITY-ST-ZIP □-Daleta 7171.5 NAME MARIANA L. LÓPEZ STREET ADDRESS STREET ADDRESS 7243 SW CITY-ST-7IP CITY-ST-ZIP TITLE Delete B'ECRETAR **X** Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 exemptions contained in Section 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.

FILED