## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT.

## **FILED** Mar 12, 2007 08:00 AM

DOCUMENT # P96000093548  1. Entity Name JESFER RENOVATIONS, CORP.				Secretary of Stat			
Principal Plac 3640 E 4 AV 202 HIALEAH, FL	/E	Mailing Address 312A SW 12 AVE MIAMI, FL 33130		 			
ı. D	O NOT WRITE	Telegraphic Agrae  CE variable	03082007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For				
. , ,	e e e e e e e e e e e e e e e e e e e		The state of the state of	65-074	13892	\$87	Not Applicable  5 Additional
* %		Company of the Company of these		5. Certificate	of Status Desired		Required
	6. Name and Address of Current Re	glstered Agent		in a sur	n er	, r, , , , , , , , , , , , , , , , , ,	
FERNANDEZ, JESUS M 3640 E 4 AVE 202 HIALEAH, FL 33013			and the special state of the s	DO	NOT W THIS SP	RITE	
the obligati	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Flo	rida. I am familia	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	ed Agent signature required	d when reinstating)		DATE	·
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DIF	RECTORS		3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	de de la constanta de la const	John Street	Ç
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FERNANDEZ, JESUS M 3640 E 4 AVE #202 HIALEAH, FL 33013					des de salvir de	And the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/22/	00066349 07-80006	9 -019 150.0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			C. G. Hadasia Kanada Jilangan Landa Jilanga	10 m	THIS SF	PACE	English of the second
TITLE			<b>T</b> '				

the first the state of the first the sales of the sales o 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if further certify that the information indicated on this report of 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 of 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

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

and the second s