

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000012199**

1. Entity Name  
J.A.G. JET, INC.



Principal Place of Business  
19550 NW 87 PLACE  
MIAMI, FL 33018 US

Mailing Address  
19550 NW 87 PLACE  
MIAMI, FL 33018 US



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0749054

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

GALINDO, JAIME L  
19550 NW 87TH PL  
MIAMI, FL 33018

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GALINDO, JAIME A
STREET ADDRESS	19550 NW 87 PLACE
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	P
NAME	GALINDO, JAIME L
STREET ADDRESS	19550 NW 87TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	V
NAME	GALINDO, SILVIA J
STREET ADDRESS	19550 NW 87TH PLACE
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	D
NAME	GALINDO, CHRISTINA M
STREET ADDRESS	19550 NW 87 PLACE
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000865644  
04/07/08-80037-001 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

305-8716623